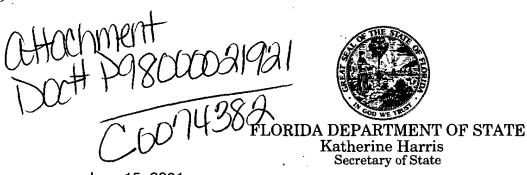
FILED 2001 UNIFORM BUSINESS REPURT (UBR) Jul 26, 2001 8:00 am DOCUMENT # P980 **Secretary of State** IN VESTMENT TOKORPORMED. TMI 07-26-2001 90008 020 ***150.00 Principal Place of Business Mailing Address 2749 NE 25th st 2749 NE 251 ST LIGHT HOUSE PT. FL FL 33064 33064 C0074382 2. Principal Place of Business --3. Mailing Address 2749 NE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0818 908 6115 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LINNIE MATHURIA Street Address (P.O. Box Number is Not Acceptable) 257 57 FLORIOX 33664 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) __FILE-NOW!!! FEE IS \$150.00___ This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PLES / TREAS. TITLE TITLE Change ■ Addition ☐ Delete NAME NAME JINNIE D. MARANRIN 2749 NE 2572 ST HGIT HOUSE PT FL STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 33064 TITLE ☐ Change ☐ Addition V.P./SEC. TITLE ☐ Delete NAME JUSTIN J MATHURIN NAME STREET ADDRESS STREET ADDRESS 2749 NE CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE . Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE f Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver in trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE:



June 15, 2001

JJJM III, INVESTMENT CORPORATION 2749 N.E. 25TH STREET LIGHTHOUSE POINT, FL 33064

SUBJECT: JJJM III, INVESTMENT CORPORATION

Ref. Number: P98000021921

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Kathy Ashton Document Specialist

Letter Number: 601A00036841