FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am & Secretary of State P98000022835 DOCUMENT # 1. Entity Name 04-22-2002 90142 027 ***150 JDG PROPERTIES, INC. Principal Place of Business Mailing Address 127 BAREFOOT COVE 127 BAREFOOT COVE-THYPOLUXO-FL 93462--HYPOLUXO FL 33462 ... 2. Principal Place of Business Mailing Address 610 N'AIXIE C AME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0825299 Not Applicable ANATUA Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARK, MICHAEL G ESQ Street Address (P.O. Box Number is Not Acceptable) 127 BAREFOOT-COVE-HYPOLUXO FL 33462 610 N. DIXIE **76** 8. The above name of hit youbruits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) MICHAUR SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 🖎 Change ☐ Addition **DPT** ☐ Delete TITLE TITLE GOLDSTEIN, JON D NAME NAME 127-BAREFOOT-COVE 610 N.DIXIE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HYPOLUXO FL 33482 LANTANA CL 33467 Change ☐ Addition ☐ Delete TITLE TITLE **VPS** PARK, MICHAEL G NAME NAME 610 N DIXIE HWY STREET ADDRESS STREET ADDRESS 127-BAREFOOT COVE LANTANA, PL 33461 CITY-ST-ZIP CITY-ST-7IP HYPOLUXO FL 33402 Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the intermediation supplied with this filling 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 of sylpplemental 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 title receiver or 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 changed, or on an attack height with an address, with all other like empowered.

URMARGUERIAR EXEC. V.O.

SIGNATURE: