2002 UNIFORM BUSINESS REPORT (UBR)

T1LED May 20, 2002 8:00 am Secretary of State 05-20-2002 90104 00104 P98000023130 DOCUMENT # 1. Entity Name JM CREATIONS, INC. Principal Place of Business Mailing Address 8040 NW 36 AVE 8040 NW 36 AVE **MIAMI FL 33147 MIAMI FL 33147** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0819178 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEDIAVILLA, JORGE L Street Address (P.O. Box Number is Not Acceptable) 8040 NW 36 AVE MIAMI FL 33147 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. 12 Change ☐ Addition □ Delete TITLE TITLE MEDIAVILLA, JORGE L NAME 8040 NW 36 AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33147 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE BRACHE, ALCIDES NAME NAME 19022 NW 46 AVE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-7IP ☐ 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 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 supplemental 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 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 attachment with an address, with all other like empowered.