## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P98000027888 1. Entity Name JACKS' SUNILAND CENTER, INC. 4-27-2001 90350 026 \*\*\*150.00 Principal Place of Business Mailing Address 12249 SW 130TH STREET 12249 SW 130TH STREET MIAM! FL 33186 MIAMI FL 33186 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0832475 Not Applicable Country \$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 KANTROWITZ, JACK ess (P.O. Box Number is Not Acceptable) 12249 SW 130TH ST. MIAMI FL 33186 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 (NOTE: Registered Agent signature required when reinstating DATE Signature, typed or printee name of registered agent and title if appli FILE NOW!!! FEE IS \$150.00 9. 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. PD Delete TITLE TITLE Addition NAME KANTROWITZ, JACK NAME STREET ADDRESS 12249 SW 130TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 VSD TITLE Change TITLE ☐ Delete Addition LEONIFF, JACK NAME STREET ADDRESS STREET ADDRESS 12249 SW 130TH STREET 13701 SW 147A CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** MIANT FC RESURVI Addition TITLE ☐ Delete TITLE Change NAME KANTROWITZ, LINDA STREET ADDRESS STREET ADDRESS 12769 SW 147 AUE CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z)P CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change 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 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.

MALE AND TYPED OR PRINTED NAME OF SEQUING OFFICER OR DIRECTOR

4/13/2001

305 338-2296

CR2E034 (10/00)

Daytime Phone #