2002 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2002 8:00 am P98000031558 DOCUMENT # Secretary of State 1. Entity Name 02-19-2002 90006 007 ***150.00 JWH SECURITIES, INC. Principal Place of Business Mailing Address 301 YAMATO RD. 301 YAMATO RD. **SUITE 2200 SUITE 2200 BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 06-1512227 Not Applicable Zip Country Żip 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 BRAICA. PAUL D Street Address (P.O. Box Number is Not Acceptable) 301 YAMATO ROAD STE 2200 **BOCA RATON FL 33431-4931** Zip Code City FL 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 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, 2002 Fee will be \$550.00 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. PD- UP D Vice President + Director Change Addition TITLE Delete TITLE BRAICA, PAUL D NAME PAUL D. BLAKEN NAME BOI YAMATO RIAJ, STE 2200 301 YAMATO ROAD, SUITE 2200 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431-4931** CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, ST ☐ Delete TITLE Change Addition TITLE Tefft, e l NAME NAME 301 YAMATO RD., STE 2200 STREET ADDRESS STREET ADDRESS BUCA RATON FL 33431 CITY-ST-ZIP President Change ☐ Addition ☐ Delete TITLE TITLE Robert Lendrim NAME NAME STREET ADDRESS STREET ADDRESS 301 YAMATO KD, STEZZOO CITY-ST-7IP CITY-ST-ZIP BOCA MATON, FC 33431 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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-7IP

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.

SIGNATURE: Stail Prairie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02

561-241-0018

Daytime Phone #

FILED

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