2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031711 Jan 09, 2000 08:00 AM **Secretary of State** JARRIEL INVESTMENT CORPORATION Principal Place of Business Mailing Address 4881 NW 28TH WAY 4881 NW 28TH WAY STE 711 BOCA RATON FL BOCA RATON FL 33433 33433 2. Principal Place of Business 3. Mailing Address 4881 NW 28TH WAY 4881 NW 28TH WAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For BOCA RATON FL BOCA RATON FL. 65-0826394 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33434 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERILAWYER 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES 33134 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. 01/09/2000 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 After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSTD Delete TITLE ☐ Change ☐ Addition JARRIEL ROBERT JOHN JR NAME STREET ADDRESS 4881 NW 28TH WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON 33433 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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.

CIONATUDE. Debert John Jarriel In

DCTD 01/00/2

FILED