2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000034631 May 10, 2000 8:00 am Secretary of State JEOCAMP INTERNATIONAL CORP. 05-10-2000 90106 022 ***150.00 Mailing Address Principal Place of Business 1051 S PARK RD 1051 S PARK RD APT 210 APT 210 HOLLYWOOD FL 33021-8790 HOLLYWOOD FL 33021 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0828372 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VILLARAN, CARLOS Street Address (P.O. Box Number is Not Acceptable) 1051 S PARK RD **APT 210** HOLLYWOOD FL 33021 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. ed 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Change TITLE **Z** Delete VILLARAN, CARLOS NAME NAME STREET ADDRESS STREET ADDRESS 1051 S PARK RD APT 210 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169 Z** Delete ☐ Change Addition TITLE VILLARAN, ARISTODEMA NAME 1051 S PARK RD APT 210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Chánge * ☐ Delete TITLE TITLE MONGE, JENNIFER P NAME NAME NO 1051 S PARK RD APT 210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Change ☐ Addition ☐ Delete TITLE TITLE VILLARAN, CARLOS M NAME NAME STREET ADDRESS STREET ADDRESS 1051 S PARK RD APT 210 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI F 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 his 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 jits empowered. SIGNATURE: _

Daytime Phone #

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR