2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P98000\$35270 May 09, 2000 8:00 am Secretary of State 1. Entity Name JR PINECREST, INC. 05-09-2000 90124 045 ***150.00 Principal Place of Business Mailing Address 5310 N.W. 33RD AVENUE #211 5310 N.W. 33RD AVENUE #211 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309-6319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0813018 Not Applicable Zip Country Zip 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 Name SIMON, ERIC A Street Address (P.O. Box Number is Not Acceptable) 9050 PINES BOULEVARD SUITE 250 PEMBROKE PINES FL 33024 Zip Code City 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: Pegistered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE Detete TITLE ☐ Change Addition JREISS C/O HAM NAME MAME STREET ADDRESS 5310 N.W. 33RD AVENUE #211 STREET ADDRESS CITY-ST-ZP FORT LAUDERDALE FL 33309 CITY-ST-7P TITLE ☐ Delete [7] Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7IP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7IP TITLE Delete Change ☐ Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP TITLE

13. I hereby certify that the information supplied with this filling 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 appears with fall other like empowered.

THILE

NAME

STREET ADDRESS

CHTY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

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Delete

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Addition

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