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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 12, 2001 8:00 am DOCUMENT # P98000064615 **Secretary of State** 1. Entity Name 03-12-2001 90011 046 ***150.00 J. L. SERVICES, INC. Principal Place of Business Mailing Address 9294-LAUREL OAK LANE 3234 LAUREL OAK-LANE C0032605 HOLLYWOOD FL 33021 --HOLLYWOOD FL 33021 Mailing Address 2. Principal Place of Business 3722 WERT LAKE ESTATER 2722 WEST Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State --4. FEI Number Applied For 65-0851580 DAVIS DAVIE 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 ROYALE MANAGEMENT SERVICES INC Street Address (P.O. Box Number is Not Acceptable) 2319 N ANDREWS AVE FT LAUDERDALE FL 33311 . . City Zip Code 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 seinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) PD Change TITLE Delete TITLE ☐ Addition LEVY, JIM NAME NAME 3727 WEXT LAKE EXTATE AK STREET ADDRESS STREET ADDRESS 3234 LAUREL-OAK-LANE CITY-ST-7IP CITY-ST-7IP HOLLYWOOD FL 33021 STD TITLE ☐ Delete TITLE ☐ Change LEVY, MIRAM NAME NAME STREET ADDRESS STREET ADDRESS 3722 WEST LAKE EXTRIS 3234 Laurel Oak Lane CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 PAVIS FL 333 28 ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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.