2002 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2002 8:00 am Secretary of State P99000013198 DOCUMENT # 1. Entity Name J.R.V. CONSULTING, INC. 05-03-2002 90014 030 ***150.00 Principal Place of Business Mailing Address 10964 NW 26TH STREET 10964 NW 26TH STREET SUNRISE FL 33322 SUNRISE FL 33322 2. Principal Place of Business 3. Mailing Address 13051 SW 16th CT 10351 SW 16 HCT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For A) avie PL 65-0903491 Jaure Not Applicable Zip Country 33325 \$8.75 Additional 5. Certificate of Status Desired 3332 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VARGAS, VALENTINA Street Address (P.O. Box Number is Not Acceptable) 10964 NW 26TH STREET SUNRISE FL 33322 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE CR2E034 (9/01) VARGAS, VALENTINA ☐ Addition NAME STREET ADDRESS 10964 NW 26TH STREET STREET ADDRESS 130515W 18H CT CITY-ST-ZIP SUNRISE FL 33322 CITY-ST-ZIP DANIE FL 3332 TITLE Delete TITLE 2 Change ☐ Addition NAME vargas, John NAME 10964 NW 26TH STREET STREET ADDRESS STREET ADDRESS 18051 SW 1611 CT CITY-ST-ZIP SUNRISE FL 33322 CITY-ST-ZIP DANICE FZ 3332. TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #