2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State DOCUMENT # P99000020384 1. Entity Name 05-16-2001 90210 004 ***150.00 J & A BILLING SERVICES, INC. Principal Place of Business Mailing Address 3144 WEST 72ND STREET 3144 WEST 72ND STREET HIALEAH FL 33018 HIALEAH FL 33018 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0899191 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ----SIERRA, ISABEL Street Address (P.O. Box Number is Not Acceptable) 3144 WEST 72ND STREET HIALEAH FL 33018 City 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, 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE □ Delete TITLE NAME SIERRA, ISABEL NAME STREET ADDRESS STREET ADDRESS 3144 WEST 72ND STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33018 Change ☐ Addition ☐ Delete TITLE ٧D TITLE NAME SIERRA, LISA NAME STREET ADDRESS STREET ADDRESS 3144 WEST 72ND STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33018 ☐ Addition Change TITLE TITLE TĎ ☐ Delete NAME NAME MARTINEZ, JESUS STREET ADDRESS STREET ADDRESS 3144 WEST 72ND STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33018 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

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