2000 UNIFORM BUSINESS REPORT (UBR) 5/ FILED DOCUMENT # P99000026660 Jul 28, 2000 8:00 am Secretary of State 1. Entity Name JAK & JAK, INC. R 05-02-2000 90022 012 ***150.00 Mailing Address Principal Place of Business 2692 NORTH UNIVERSITY DRIVE 2692 NORTH UNIVERSITY DRIVE SUNRISE FL 33322 SUNRISE FL 33322-2496 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 0922160 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KUSNITZ, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 2704 BOOT LANE WESTON FL 33331 Zip Code City 9. 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) ☐ Addition TITLE ☐ Delete TITLE KUSNITZ LAWRENCE NAME STREET ADDRESS STREET ADDRESS **2704 BOOT LANE** CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33331 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete Change, TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZUP Channe TITLE De ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Dalete NAME NAME

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 suppliemental 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.

STREET ADDRESS

CITY-ST-78P

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Onto

Dayume Phone #

Doc# P9900026660 308795

JAK & JAK, INC. 2692 N. UNIVERSITY DRIVE SUNRISE, FLORIDA 33322 954-741-1044

July 17th, 2000

Division of Corporations Uniform Business Report Filings Tallahassee, Florida 32302-1500

Gentlemen:

, ;; , , , ,

I received your letter dated May 8th on July 14th.

Because of this I was unable to answer your letter within thirty days and, there-

fore, should not be penalized for the inefficiency of the Postal Service.

My I.D. number is: 65-0922160.

Very truly yours,

Lawrence Kusnitz