2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000028589** Sep 07, 2000 8:00 am Secretary of State 1. Entity Name J. REED II CORP. 09-07-2000 90036 050 ***550.00 Principal Place of Business Mailing Address 4055 NORTH-UNIVERSITY DRIVE 4655 NORTH-UNIVERSITY DRIVE CORAL-SPRINGS-FL-33067 CORAL SPRINGS FL 33067 2. Principal Place of Business 3. Mailing Address 10085 Cleary 10085 Cleary Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Tantation 65-092235L antation Not Applicable Country USA Country \$8.75 Additional 5. Certificate of Status Desired 3324 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOLK, JONATHAN R Street Address (P.O. Box Number is Not Acceptable) 4655-NORTH-UNIVERSITY DRIVE CORAL SPRINGS FL 22067 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP ☐ Change ☐ Addition TITLE TITLE Delete WOLK, JONATHAN R NAME NAME 10085 Cleary Blvd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Plantation, FL 33324 CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE WOLK A HISON NAME 10085 Cleary Blvd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Plantation Addition TITLE . Change_ TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE 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 trusted 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.

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayume Phone #