## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000033846 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name J & G MORTGAGE ASSOCIATES INC. 04-27-2000 90083 043 \*\*\*150.00 Principal Place of Business Mailing Address 9232 ARBORWOOD CIRCLE 9232 ARBORWOOD CIRCLE DAVIE FL 33328-6770 DAVIE FL 33328 W. Caklard PkBlud 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc J(X)301 Applied For City & State City & State 4. FEI Number audérhil Not Applicable Country \$8.75 Additional 319 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PICONE, JOSEPH 9232 ARBORWOOD CIRCLE DAVIE FL 33328 City 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 (NOTE: Registered Agent signature required when reinstating) 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 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President ☐ Addition ☐ Delete TITLE TITLE Joseph Picone Dark Blvd 301 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FI CITY-ST-ZIP ewder hill Hesident ☐ Change ☐ Addition TITLE ☐ Delete TITLE Shipmain NAME NAME W. Ockland PK Blud STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ocheturu TITLE TITLE SliANA 7501, W. Ockland Pk. Blvd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP andahill ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with any address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4) 7/00 57 Days

57)-2121