FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91528 047 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044058 ✓

1. Entity Name
J+R MANAGEMENT SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9351 NW 19 PLACE	9351 NW 19 PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE, FL.	City & State: SUNRISE, FL
Zip: 33322 Country: USA	Zip: 33322 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0916657 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ROBIN M BROWN
Street Address (P.O. Box Number is Not Acceptable): 9351 NW 19 PLACE
City: SUNRISE **FL** Zip Code: 33322

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] 4/17/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☑ (See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRES.	TITLE	
NAME	ROBIN M BROWN	NAME	
STREET ADDRESS	9351 NW 19 PLACE	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL. 33322	CITY-ST-ZIP	
TITLE	VICE PRESIDENT, SECRETARY	TITLE	
NAME	JOHN A BROWN	NAME	
STREET ADDRESS	9351 NW 19 PLACE	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL. 33322	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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

SIGNATURE: [signature] 4/17/02 954-741-2256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #