2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 18, 2000 8:00 am Secretary of State DOCUMENT # **P99000047597** 1. Entity Name J.H. DESIGN, INC. 09-18-2000 90008 025 ***550.00 Principal Place of Business Mailing Address C/O MERRILL BOOKSTEIN, ESQ. C/O MERRILL BOOKSTEIN, ESQ. 4800 N FEDERAL HWY, SUITE 2018 4800 N FEDERAL HWY, SUITE 201B **BOCA RATON FL 33431** BOCA RATON FL 33431 3. Mailing Address 2. Principal Place of Business 5531 W.as DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. State 4. FEI Number Applied For Not Applicable Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 3*3*673 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent onethan Herdler **BOOKSTEIN. MERRILL A** Street Address (P.O. Box Number is Not Acceptable 4800 N. FEDERAL HIGHWAY STE, 201B **BOCA RATON FL 33431** 3873 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. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750:00 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. **PVST** Addition TITLE Delete Hartley , Jonathan HARTLEY, JONATHON NAME 4800 N FEDERAL HWY, SUITE 201B STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** Delete TITLE HARTLEY, JONATHON NAME 4800 N FEDRAL HWY, SUITE 201B STREET ADDRESS CITY-ST-ZIP Coconut creek, FL BOCA RATON FL 33431 ☐ Change ☐ Addition _ Delete _ TITLE NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

SIGNATURE X 7 SIG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hartley

9/12/2000

954-571-2291

Daytime Phone #