

# 2000 UNIFORM BUSINESS REPORT (UBR)

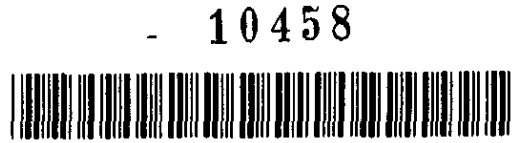
**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**  
 04-28-2000 90461 001 \*5,700.00

**DOCUMENT # P99000052558**

1. Entity Name  
**JUNE VENTURES III CORP.**

|   |  |
|---|--|
| Principal Place of Business<br>7695 SW 104TH ST STE 210<br>MIAMI FL 33156 | Mailing Address<br>7695 SW 104TH ST STE 210<br>MIAMI FL 33156-3159 |
|---|--|

|  |  |  |  |
|--|--|--|--|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip |  |
|--|--|--|--|



DO NOT WRITE IN THIS SPACE

|  |  |  |  |
|--|--|--|--|
| 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable                |  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                             |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br>LITTMAN, ERIC P<br>7695 SW 104TH ST STE 210<br>MIAMI FL 33156 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |

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) DATE \_\_\_\_\_

|   |   |   |
|---|---|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|---|

| 11. OFFICERS AND DIRECTORS |      |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |      |                               |
|----------------------------|------|---|---|------|-------------------------------|
| TITLE                      | NAME | STREET ADDRESS<br>CITY-ST-ZIP                                 | TITLE   | NAME | STREET ADDRESS<br>CITY-ST-ZIP |
|                            | SPD  | LITTMAN, ERIC P<br>7695 SW 104TH ST STE 210<br>MIAMI FL 33156 |   |      |                               |
|                            |      |   |   |      |                               |
|                            |      |   |   |      |                               |
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|                            |      |   |   |      |                               |

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:** ERIC P. LITTMAN **4/25/00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)