2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am Secretary of State **DOCUMENT # V24615** JLT INVESTMENTS, INC. 01-31-2001 90266 004 ***150.00 Principal Place of Business Mailing Address 3946 PINEHURST DRIVE 3946 PINEHURST DRIVE LAKE WORTH FL 33467 LAKE WORTH FL 33467 00011447 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0338366 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRIGANI, STEPHEN J. Street Address (P.O. Box Number is Not Acceptable) 3946 PINEHURST DRIVE LAKE WORTH FL 33467 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE Change TRIGANI, STEPHEN NAME NAME 15385 EARHART PLACE STREET ADDRESS 15270 MEADOW WOOD DRIVE STREET ADDRESS Wellington, Fl. 33414 CITY-ST-ZIP CITY-ST-ZIF WEST PALM BEACH FL 33414 Jaclyw TriGAVI TITLE ☐ Delete TITLE NAME NAME 15385 EMPHART PI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **Addition** TITLE TITLE ☐ Delete TRIGANI NAME NAME STREET ADDRESS STREET ADDRESS 5385 CITY-ST-ZIE CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR