2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 14, 2003 8:00 am Secretary of State

| DOCUMENT # V28980 1. Entity Name JACOB REALTY & MORTGAGE CORP. | | | | | | |) j | 04-14-200 | 3 90222 | . 048 ** | *150.00 | |
|--|---|---|--|--|--|--|------------------------------------|--|---|--|---|-----------------|
| Principal Place of Business 6151 MIRAMAR PKWAY STE #216 MIRAMAR, FL 33023 US | | | | Mailing Address 6151 MIRAMAR PKWAY STE #216 MIRAMAR, FL 33023 US | | | | | | | | |
| 2. Principal Place of Business | | | | 3. Mailing Address | | |] [] | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | CHECK HERE IF | MAKING | | | _ |
| City & State | | | | City & State | | 4 . f | 4. FEI Number 65-0327038 | | - | Applied For Not Applicable | | |
| Zip | | Country | | Zip | Coul | ntry | | Certificate of Status Desired | ء ت | \$8.75 Ad Fee Requir | | |
| | 6. Name | and Address o | of Current Re | gistered Agent | *** | Nama | 7. 1 | Name and Address of New Re | gistered A | gent | | 4 |
| CARMEUS, JACOB | | | | | | Name | | The contract of the contract o | | | | |
| 6151 MIRAN STE #216 MIRAMAR, I | | Y | | | | Street Address | (P.O. E | Sox Number is Not Acceptable) | | | |] |
| , imitounad | | * | | | | City | | | | Zip Co | | 4 |
| | • | r.e | | | | <u> </u> | | | FL | <u> </u> | | _ |
| | named entity tions of regist | | tatement for th | e purpose of cha | nging its register | red office or registe | ered ag | ent, or both, in the State of Flor | ida. I am f | amiliar with | n, and accept | |
| | _ | | | | | | | | | | | |
| SIGNATURE | Signature, typed | or primed name of re | gistered agent and | tide i applicable. | (NOTE: Regis in | ed Agentsigname requir | ed when re | instacing) | DATE | | | |
| After | May 1, 200 | il FEE IS \$16 33 Fee Will be 3 Florida Dep | \$550.00 | State | -1 <u>-</u> | | | Election Campaign Fina Trust Fund Contribution | | \$5. ! | 00 May Be od to Fees | |
| 10. | English and the district | OFFIC | CERS AND DI | RECTORS | 11. | • | AD | L DITIONS/CHANGES TO OFFIC | ERS AND | DIRECTO | RS IN 11 | 1 |
| TITLE | DP | v | | ☐ De | lete 1171 | rE | | | | Change | Addition | <u> </u> |
| NAME | JACOB, C | | / CLUTE 24 | | NAM | - | | | | | | 15 |
| STREET ADDRESS CITY-ST-2P | 1 | MAR PKWAY , FL 330 23 | I, 30IIE 21 | • | 2 | REET ADDRÉSS Y-ST-21P | | | | | | CRZE034 (10/02) |
| TITLE | | | | De | lete 1ft | LE | | | | ☐ Change | ☐ Addition | 12 |
| NAME | | | | | NAI | I | | | | | | ' |
| STREET ADDRESS . City-St-Zip | ¦ | | | | 11 | EET ADDRESS Y-ST-ZIP | | | | | | |
| TITLE | | | | | | | | | | ☐ Change | Addition | . |
| NAME | | | | ᅜ | NA. | | | • | | | [_],,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| STREET ADDRESS | | | | | 1 | EET ADDRESS | | | | | | |
| CITY-ST-ZP | | | | <u> </u> | —— — | Y-S1-2IP | | | | | | |
| TITLE NAME | - | | - | ☐ Del | lete Tril NAM | | | ويمميلونها والمتأثرين المعجرو فلوا | . T. 1824 | Change | Addition | |
| STREET ADDRESS | | | | | • | EET ADDRESS | | 4 | | | | |
| CITY-ST-ZP | | | | | cm | Y-ST-21P | | <u> </u> | _ | | | ↲ |
| TITLE | | | | ☐ Def | 8 | l | | | • | Change | Addition | |
| NAME STREET ADDRESS | İ | | | • | NA Str | EET ADDRESS | | | | | | |
| CITY-ST-2P | | | | | спу | Y-ST-21P | | | | | | |
| TITLE | | | | □ Del | B | - (| | | | ☐ Change | Addition | |
| NAMÉ STREET ADDRESS | | | | | NAN | AE EET ADDRESS | | | | | | |
| City-S1-2P | | | | | 2 | 1-51-ZIP | | | | | | - |
| 12. I hereby of indicated of the corchanged, | certify that the i on this repor poration or the or on an atta | e information su t or supplement the receiver or tru schment with ap | pplied with the tal report is truustee empower address, with | e filing does not die) and accurate a to execute the fall office where empty all office where the fall of the fa | qualify for the exe nd that my signa is report as requ powered. | emption stated in S ature shall have the lired by Chapter 60 | Section (e same l 07, Flori | 119.07(3)(), Florida Statutes. I f egal effect as if made under oa da Statutes; and that my name | urther certi th; that I ar appears in | ly that the n an office Block 10 o | information or or director or Block 11 if | |
| | | // | Ast. | 1 | | | | 1/0/12 | | , | | |
| SIGNATURE: 4/8/03 SIGNATURE: Date OF PRINTED IN AGILE OF SIGNING OFFICER OR DIRECTOR Date OF SIGNING PRINTED IN AGILE OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING PRINTED IN AGILE OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING PRINTED IN AGILE OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DATE OF SIGNI | | | | | | | | | | | | 1 |