

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90185 024 ****55.00

DOCUMENT #

1. Entity Name

DO NOT WRITE IN THIS SPACE

924928

2. Principal Place of Business

JNC DESIGNS, LLC

3. Mailing Address

4200 COMMUNITY DR

Suite, Apt. #, etc.

16372 SW 102 ST

Suite, Apt. #, etc.

APT. # 2304

City & State

MIAMI, FLORIDA

City & State

WEST PALM BEACH, FL

Zip

33196

Country

USA

Zip

33409

Country

USA

4. FEI Number

65-1063166

Applied For

Not Applicable

5. Certificate of Status Desired

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\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name NELSON CACERES

Street Address (P.O. Box Number is Not Acceptable)

4200 COMMUNITY DR. # 2304

City WEST PALM BEACH

FL

Zip Code 33409

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

NELSON CACERES

02/11/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE OWNER
NAME JEAN CARLO CALMET
STREET ADDRESS 16372 SW 102 ST
CITY-ST-ZIP MIAMI, FL - 33196

TITLE OWNER
NAME NELSON CACERES
STREET ADDRESS 4200 COMMUNITY DR. # 2304
CITY-ST-ZIP WEST PALM BEACH, FL - 33409

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**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NELSON CACERES

02/11/02 (561) 628-9626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)