03-03 10:42AM FROM-FIVE Y CLOTHING INC 3058879049

FILED
Jun 09, 2003 8:00 am
Secretary of State
05-02-2003 90582 021 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/2/200

DOCUMENT # L02000007914

1. Entity Name
JASMIN INVESTMENTS LLC

DO NOT WRITE IN THIS SPACE

44003982

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12455 KEYSTONE ISLAND DR.
Suite, Apt. #, etc.
City & State: North MIAMI. Fl
Zip: 33181
Country:

3. Mailing Address
12455 KEYSTONE ISLAND DR
Suite, Apt. #, etc.
City & State: North MIAMI. Fl.
Zip: 33181
Country:

4. FEI Number 01-0652845 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: TAKO, JACQUELINE
Street Address (P.O. Box Number is Not Acceptable)
12455 KEYSTONE ISLAND DR.
City: NORTH MIAMI **FL** Zip Code 33181

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAKO, REUVEN 12455 KEYSTONE ISLAND DR. NORTH MIAMI. Fl. 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAKO, JACQUELINE 12455 KEYSTONE ISLAND DR. NORTH MIAMI. Fl. 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E083B (12/01)

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: [signature] 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #