

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90190 024 ****55.00

DOCUMENT # L 020000 29979

1. Entity Name
J.S. DESIGNS L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>546 N.E. 199th lane</u>		3. Mailing Address <u>546 N.E. 199th lane</u>	
Suite, Apt. #, etc. <u>Miami FL #400</u>		Suite, Apt. #, etc. <u>#400</u>	
City & State <u>Miami FL</u>		City & State <u>Miami FL</u>	
Zip <u>33179</u>	Country <u>USA</u>	Zip <u>33179</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>AMERICAN VISA NETWORK</u> Street Address (P.O. Box Number is Not Acceptable) <u>546 N.E. 199th lane #400</u> City <u>Miami</u> FL Zip Code <u>33179</u>		

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 "America Visa Network" [Signature] DATE 4-23-03

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	<u>MBRM CONFECCIONERY FREDY PAVE AV 44 #62-24 BELLO-AUT.</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MBRM DESMIN JONES AV 44 #62-24 BELLO-AUT.</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MBRM MARIA PAVE AV 44 #62-24 BELLO-AUT.</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MBRM FREDY PAVE AV 44 #62-24 BELLO-AUT.</u>	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	

**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)(f), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature]

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

Date

Daytime Phone #

04-23-03 (305) 652-6375

CR2E083B (12/01)

Attachment

State of Florida



Department of State

I certify from the records of this office that J.S. DESIGNS, LLC, is a limited liability company organized under the laws of the State of Florida, filed on November 8, 2002.

The document number of this company is L02000029979.

I further certify that said company has paid all fees due this office through December 31, 2002, and its status is active.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Eighth day of November, 2002

Authentication Code: 602A00061209-110802-L02000029979-1/1

30088977



CR2EO22 (1-99)

Jim Smith

Jim Smith
Secretary of State