

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000009076**

1. Entity Name
JASLENE ENTERPRISES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 28 PM 1:25

Principal Place of Business Mailing Address
11301 SOUTH ORANGE BLOSSOM TRAIL 11301 SOUTH ORANGE BLOSSOM TRAIL
STE 206 STE 206
ORLANDO FL 32837-9275 ORLANDO FL 32837-9275



2. Principal Place of Business 3. Mailing Address
11301 S. Orange Blossom trail 11251 S. Orange Blossom trail
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 101 Suite 101

City & State City & State
Orlando Florida Orlando Florida
Zip Zip Country Country
32837 32837 U.S.A. U.S.A.

4. FEI Number Applied For
Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ESPINOSA, JORGE
11301 SOUTH ORANGE BLOSSOM TRAIL
STE 206
ORLANDO FL 32837-9275

7. Name and Address of New Registered Agent
Name **Jorge Espinosa**
Street Address (P.O. Box Number is Not Acceptable)
11251 S. Orange Blossom Trail ste 101
City **Orlando** FL Zip Code **32837**

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 *Jorge Espinosa* DATE **7/12/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jorge E. Espinosa M&M <input type="checkbox"/> Delete 11251 S. Orange Blossom Trail ste 101 Orlando FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eva J. Espinosa M&M <input type="checkbox"/> Delete 11251 S. Orange Blossom Tr. Ste 101 Orlando FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700003350047--4 -08/08/00--01093--026 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jorge Espinosa* DATE **7/12/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CP2E083 (5/00)