

2001 UNIFORM BUSINESS REPORT (UBR)

0025306 AF

DOCUMENT # L99000009076

1. Entity Name
JASLENE ENTERPRISES, LLC

FILED

01 FEB 21 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
11251 S. ORANGE BLOSSOM TRAIL, STE. 101
ORLANDO FL 32837

Mailing Address
11251 S. ORANGE BLOSSOM TRAIL, STE. 101
ORLANDO FL 32837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
13-4116345

APPLIED FOR

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

7. Name and Address of New Registered Agent

ESPINOSA, JORGE
11251 S. ORANGE BLOSSOM TRAIL, STE. 101
ORLANDO FL 32837

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
ESPINOSA, JORGE E
11251 S. ORANGE BLOSSOM TRAIL, STE. 101
ORLANDO FL 32837

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
ESPINOSA, EVA J
11251 S. ORANGE BLOSSOM TRAIL, STE. 101
ORLANDO FL 32837

☐ Delete

TITLE
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☐ Change ☐ 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 E Espinosa
Jorge E Espinosa

2/16/01

407-240-4967

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

Date

Daytime Phone #

CR2E083 (11/00)