

# 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



DO NOT WRITE IN THIS SPACE

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

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 \_\_\_\_\_ (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  Delete  
**MGRM ESPINOSA, JORGE E**  
STREET ADDRESS **11251 S. ORANGE BLOSSOM TRAIL, STE. 101**  
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
**MGRM ESPINOSA, EVA J**  
STREET ADDRESS **11251 S. ORANGE BLOSSOM TRAIL, STE. 101**  
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

000003762390--1

-02/26/01--01132--005

\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
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CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 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)