

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M13175**

1. Entity Name
JEANERATION, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90128 029 ***150.00

Principal Place of Business

**1455 N.W. 107 AVENUE
MIAMI FL 33172
US**

Mailing Address

**1455 N.W. 107 AVENUE
MIAMI FL 33172
US**

C0008322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1925 Brickell Avenue

3. Mailing Address

Suite, Apt. #, etc.

No. D-2013

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number **59-2552732**

Applied For

Not Applicable

Zip

33129

Country

Dade

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOMEZ, MARIA O
19355 TURNBERRY WAY #3-J
AVENTURA FL 33180**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **GOMEZ, GUILLERMO**
STREET ADDRESS **CARRETA 12 N. 16-73/75**
CITY-ST-ZIP **BOGOTA, COLOMBIA**

TITLE **PRESIDENT/SECRETARY** ☒ Change ☐ Addition
NAME **OLGA MARIA GOMEZ**
STREET ADDRESS **1925 Brickell Avenue No. D-2013**
CITY-ST-ZIP **Miami, FL 33129**

TITLE **VP** ☒ Delete
NAME **GOMEZ, MARIA O**
STREET ADDRESS **19355 TURNBERRY WAY#3-J**
CITY-ST-ZIP **AVENTURA FL**

TITLE **Vice-President** ☒ Change ☐ Addition
NAME **Guillermo Gomez**
STREET ADDRESS **1925 Brickell Avenue No. D-2013**
CITY-ST-ZIP **Miami, FL 33129**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Olga Gomez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT & SECRETARY 1/12/00 710-1056

CR2E034 (10/00)