DOCUI	UNIFORM BUS MENT # P0000	FILED Mar 14, 2001 08:00 AM								
1. Entity Name JEN'S SMA	e ALL BUSINESS SOLUTIONS, I	NC.				Secretary	of St	ate		
Principal Place	Mailing Address 1370 S OCEAN BLVD, UNIT 1904							-		
POMPANO BE. 33062	POMPANO BEACH 33062									
2. Principal Place of Business 1390 s OCEAN BLVD, #10E 3. Mailing Add 1390 s OCEAN B									-	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State POMPANO BE		City & State POMPANO BEACH				4. FEI Number Applied For 65-1045245 Not Applied			oplied For ot Applicable	
Zip 33062	Country	Zip 33062	33062			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Curren	t Registered Agent	-	Mann		7. Name and Address of New	Registered	Agent		
VERMAATEN JENNIFER 1370 S OCEAN BLVD, UNIT 1904					idress (f	JENNIFER P.O. Box Number is Not Acceptab LVD, #10E	le)			
POMPANO 33062	BEACH	FL		City			F	Zip Cod	<u>.</u> le	
8. The above	named entity submits_this statement	for the purpose of changing its i	egistere	POMPAN ed office or				33062		
SIGNATURE _	Signature, typed or printed name of registered age:	t and title if applicable. (NOTE	Registerer	1 Agent signatu	ra raquired	when reinstating)	- 03/1	4/2001		
Tax filing re	ration is eligible to satisfy its Intangib equirement and elects to do so. ia on back)	1,55 m 4-2	l FEE	IS \$150.0 will be \$5	0 50.00	10. Election Campaign F	inancing		00 May Be	
11.	OFFICERS ANI	D DIRECTORS	12.	-		ADDITIONS/CHANGES TO OF	FICERS AN	D DIBECTOR	S IN 11	
TITLE NAME	D VERMAATEN JOHN	☐ Delete	TITLE		D VERN	IAATEN JOHN	11021074	M Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1370 S OCEAN BLVD, UNIT 1904 POMPANO BEACH	FL 33062	STRE	- et address · st-zip	1390 S	OCEAN BLVD, #10E	FL	33062		
TITLE	D VERMAATEN JENNIFER	☐ Delete	TITLE		D				Addition	
NAME STREET ADDRESS	1370 S OCEAN BLVD, UNIT 1904	EI 220/2		ET ADDRESS	1390 S	IAATEN JENNIFER OCEAN BLVD, #10E				
CITY-ST-ZIP	POMPANO BEACH	FL 33062	-	·ST-ZIP	POME	ANO BEACH	FL	33062		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						☐ Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				et address ·St-Zip						
TITLE NAME STREET ADDRESS		☐ Delete		ET ADDRESS				☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME		☐ Delete	TITLE					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				et address ·ST-ZIP						
of the corp	ertify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and that mooned a second accurate this report a	u einnat	HICA CHAIL H	iva tha c	ema lagal attact on it made unde		^~~ ~~ ~~~	ar disastar	

PRES

03/14/2001 Date

Daytime Phone #

SIGNATURE: JENNIFER VERMAATEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR