2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P00000108123 1.-Eatity Name JEAN & VERO, INC. 04-23-2001 90209 002 ***150.00 Principal Place of Business Mailing Address 46 SW FIRST AVE #10 46 SW FIRST AVE #10 DANIA BCH FL 33004 DANIA BCH FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1055649 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOLAR, LEONARD U Street Address (P.O. Box Number is Not Acceptable) 300 71ST ST STE 540 MIAMI BCH FL 33141 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 '9. This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing . \$5.00 May Be Tax filing requirement and elects to do so 🔩 After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE NAME NAME COOK, DOROTHY J STREET ADDRESS STREET ADDRESS 46 SW FIRST AVE #10 CITY-ST-ZIP CITY-ST-ZIP DANIA BCH FL 33004 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME ANDINO, XIMENA V STREET ADDRESS STREET ADDRESS 46 SW FIRST AVE #10 CITY-ST-ZIP CITY-ST-ZIP DANIA BCH FL 33004 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 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: SIGNATURE AND TYPED OF PRHYTIPS NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 2001

(954)682-6647

Daytime Phone #