## 2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like ex

## Mar 25, 2002 8:00 am Secretary of State DOCUMENT # P00000108123 1. Entity Name 03-25-2002 90136 004 \*\*\*150.00 JEAN & VERO, INC. 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 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STOLAR, LEONARD U Street Address (P.O. Box Number is Not Acceptable) 300 71ST ST STE 540 MIAMI BCH FL 33141 City Zip Code FL 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) 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, 2002 Fee will be \$550.00 2 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State CR2E034 (9/01).42 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition COOK, DOROTHY J NAME NAME 46 SW FIRST AVE #10 STREET ADDRESS STREET ADDRESS DANIA BCH FL 33004 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ANDINO, XIMENA V NAME STREET ADDRESS 46 SW FIRST AVE #10 STREET ADDRESS CITY-ST-ZIP DANIA BCH FL 33004 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [ ] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**FILED**