

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90364 014 ***150.00

DOCUMENT # P010000036305

1. Entity Name

JEAN'S CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3309 E. COLONIAL DR.

3. Mailing Address

3309 E. COLONIAL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

No. D-34

No. D-34

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32809

Country

USA

Zip

32809

Country

USA

4. FEI Number

65-1109643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

OSCAR A. REYES H.

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

1332 ALANA DR.

No. 308

City

ORLANDO

FL

Zip Code

32828

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

3/25/02

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
OSCAR A. REYES H.
1332 ALANA DR. No. 308
ORLANDO, FL 32828

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
BETTINA PETTI
1332 ALANA DR. No. 308
ORLANDO, FL 32828

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
OSCAR A. REYES A.
3309 E. COLONIAL DR. No. D-34
ORLANDO, FL 32809

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSCAR A. REYES H. 3/25/02 (407) 8982958

Date

Daytime Phone #

CR2E034B (12/01)