

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91412 035 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                                                                                                                                                              |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P01000036305</b><br>1. Entity Name<br><b>JEAN'S CENTER, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                                                                                                                              |                                                                   |
| Principal Place of Business<br>3309 E. COLONIAL DR.<br>NO. D-34<br>ORLANDO, FL 32809                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            | Mailing Address<br>3309 E. COLONIAL DR.<br>NO. D-34<br>ORLANDO, FL 32809                                                                                                                                                     |                                                                   |
| 2. Principal Place of Business<br><b>3255 E. COLONIAL DR.</b><br>Suite, Apt. #, etc.<br><b># D-66</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            | 3. Mailing Address<br><b>3255 E. COLONIAL DR.</b><br>Suite, Apt. #, etc.<br><b># D-66</b>                                                                                                                                    |                                                                   |
| City & State<br><b>ORLANDO, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | City & State<br><b>ORLANDO, FL</b>                                                                                                                                                                                           |                                                                   |
| Zip<br><b>32803</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | Zip<br><b>32803</b>                                                                                                                                                                                                          |                                                                   |
| Country<br><b>U.S.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | Country<br><b>U.S.A.</b>                                                                                                                                                                                                     |                                                                   |
| 4. FEI Number<br><b>65-1109643</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                       |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | \$8.75 Additional Fee Required                                                                                                                                                                                               |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>REYES, OSCAR A H.</b><br><b>1332 ALANA DR.</b><br><b>NO. 308</b><br><b>ORLANDO, FL 32828</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | 7. Name and Address of New Registered Agent<br><br>Name <b>REYES H. OSCAR A.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1332 ALANA DR. # 308</b><br>City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32828</b> |                                                                   |
| 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. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE <b>OSCAR A. REYES (PRESIDENT)</b> <b>02/26/2003</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing) DATE</small>                                                                                                                                                                                |                                            |                                                                                                                                                                                                                              |                                                                   |
| FILING FEE: \$150.00<br>After May 1, 2003 Fee will be \$350.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                               |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                        |                                                                   |
| TITLE<br><b>P</b><br>NAME<br><b>REYES, OSCAR A SR.</b><br>STREET ADDRESS<br><b>1332 ALANA DR. NO. 308</b><br>CITY-ST-ZIP<br><b>ORLANDO, FL 32828</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Delete | TITLE<br><b>PTD</b><br>NAME<br><b>REYES H. OSCAR A.</b><br>STREET ADDRESS<br><b>3255 E. COLONIAL DR. # D-66</b><br>CITY-ST-ZIP<br><b>ORLANDO, FL 32803</b>                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><b>V</b><br>NAME<br><b>MERCIA - GUARDIA, GIUSEPPE</b><br>STREET ADDRESS<br><b>CONFECCIONES ARARAT S.A.</b><br>CITY-ST-ZIP<br><b>CARACAS, VENEZUELA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> Delete | TITLE<br><b>VSD</b><br>NAME<br><b>BETTINA PETTI</b><br>STREET ADDRESS<br><b>3255 E. COLONIAL DR. #</b><br>CITY-ST-ZIP<br><b>ORLANDO, FL 32803</b>                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><b>ST</b><br>NAME<br><b>REYES - HERRERA, OSCAR A JR</b><br>STREET ADDRESS<br><b>3501 SW 107 AVE</b><br>CITY-ST-ZIP<br><b>MIAMI, FL 33166</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Delete |                                                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><b>S</b><br>NAME<br><b>BETTINA, PETTI</b><br>STREET ADDRESS<br><b>1332 ALANA DR. NO. 308</b><br>CITY-ST-ZIP<br><b>ORLANDO, FL 32828</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Delete |                                                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><b>V</b><br>NAME<br><b>REYER, OSCAR A M.</b><br>STREET ADDRESS<br><b>3309 E. COLONIAL DR. NO. D-34</b><br>CITY-ST-ZIP<br><b>ORLANDO, FL 32809</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Delete |                                                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><b>VSD</b><br>NAME<br><b>JEAN'S CENTER, INC.</b><br>STREET ADDRESS<br><b>3309 E. COLONIAL DR. NO. D-34</b><br>CITY-ST-ZIP<br><b>ORLANDO, FL 32809</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete            |                                                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                            |                                                                                                                                                                                                                              |                                                                   |
| SIGNATURE: <b>OSCAR A. REYES (PRESIDENT)</b> <b>02/26/03</b> <b>321-6637228</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                                                                                                                                                                                                              |                                                                   |

CR2E034 (10/02)