2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000049056 **DOCUMENT #**

1. Entity Name

THE JC'S GROUP USA, INC.



FILED Jan 23, 2003 8:00 am Secretary of State 01-23-2003 90107 011 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME NUNEZ, MILDRED NUNEZ, MILDRED NUNEZ, MILDRED NUNEZ, MILDRED NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ODelete TITLE NAME NAME ODELET TITLE NAME ODELET NAME ODELET TITLE NAME ODELET NAME ODELET NAME ODELET NAME ODELET ODEL					!						
2. Principal Place of Business Salte, Apt 8, 800. CHECK HERE IF MAKING CHANGES City 8, State County Exp County S. Certificate of Status Desiral San Applicable S	779 NANDINA DRIVE			779 NANDINA DRIVE					_		
Suite, April, in tito. Suite, April, in tito. Suite, April, in tito. City & State 4. FEI Number 65-1111382 Apriled For Inc. Applicable Suite, Apriled For Inc. Applied For Inc. Applicable Suite,	WESTON FL-	33327	WES	TON FL 33327							
Sulfo, Apt. If, etc. CHECK HERE II-MAKING CHANGES City & State City & State Country S. Certification of Status Desfined Set 75 Actionnal For Regulation Set 75 Actionnal For Regulation Set 85 Acti	2. Principal Place of Business			3. Mailing Address							
City & State Country Zip Country Zip Country S. Certificate of Status Desire S. F. Additions S. Certificate of Status Desire S. Certificate				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
Zip Country Zip Country S. Certificate of Status Defined Section Secti	City & State :			City & State			L SCIN de la Control Ser				
S. Name and Address of Current Registered Agent Name NUNEZ, JULIO C 779 NANDINA DRIVE WESTON FL 33227 City City FL Zip Codo 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 Picrida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE Is \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MINEZ, JULIO C 779 NANDINA DR. WESTON FL 33327 ITIE D D Delde NUNEZ, JULIO C 779 NANDINA DR. WESTON FL 33327 ITIE D D Delde NUNEZ, MILDRED THE THE THE THE THE THE THE T	Zip	Country		Zip Country			5 (\$		
NUNEZ, JULIO C T79 NANDINA DRIVE WESTON FL 33327 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent area are applicable. SIGNATURE SIGNATURE SIGNATURE SIGNATURE FILE NOW!!! FEE.IS \$150.00. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICEIS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICEIS AND DIRECTORS IN 11 TITLE NAME SIRET AUDRESS CITY-ST-2P TITLE Delete TITLE				tered Agent			Fee Required			d	
### Addition ### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS #### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS #### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ##### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ###################################			as or our ent riegister	ed Agent		Name		tame and Address of New Neg	giatered Agi	, <u>.</u>	
ESTON FL 33327 City FL Zip Code 8. The above named antity automits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are title flapticable. SIGNATUHE Signature, joed or printed name of inguisteric agent are title flapticable. POTE: Registered Agent algrature reasons when recreating) PATE FILE NOWIII. FEEL IS, \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICIENS AND DIRECTORS 11. ADDITIONS/CHANGES TO CFFICERS AND DIRECTORS IN 11 TITLE NAME NAME NAME NOWINEZ, MILDIO C STREET ADDRESS OUT -S1-2P WESTON FL 33327 Defect NAME STREET ADDRESS OUT -S1-2P TITLE NAME STREET ADDRESS OUT -S1-2P TO Belde TITLE NAME STREET ADDRESS OUT -S1-2P TO ADDRESS OUT -S1-2P						Street Address (P.O. Box Number is Not Acceptable)					
City FL Zip Code 6. 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 orbitigations of registered agent. SIGNATURE Signature located agent and time if subcasile. ChOTE Registered Agent agrature resured when renating) DATE FILE NOW!!! FEE IS \$150.00						 _					
the obligations of registered agent. SignATURE		555 _ .	,		}-	City			FL	Zip Cod	e
Signature, prefor or printed name of ingitizens agent and tite if applicable. (NOTE: Registend Agent algonature required when reinclateries) DATE			is statement for the purp	oose of changing its re	gistered	office or register	ed age	ent, or both, in the State of Florid	da. I am fam	iliar with,	and accept
After May 1, 2003 Fee will be \$550,00 Make Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed or printed name	of registered agent and title if app	plicable. (NOTE: F	Registered A	gent signature required	i when re	eInstating)	DATE		
After May 1, 2003 Fee will be \$550,00 Make Check Payable to Florida Department of State 10.		ILE NOWIII FEE IS	\$150.00								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	Afte	r May 1, 2003 Fee will	be \$550.00			·			ncing -		
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY		<u>.</u>	<u> </u>	J DRS	11.		AD	L DITIONS/CHANGES TO OFFIC	ERS AND D	RECTOR	S IN 11
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITLE					Change	Addition
CITY-ST-ZIP						1000000					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP								_		j
STREET ADDRESS CITY-ST-ZIP WESTON FL 33327 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDR	TITLE			☐ Delete	TITLE					Change	Addition
CITY-ST-ZIP WESTON FL 33327	NAME				NAME						
TITLE	STREET ADDRESS					Į.					
NAME STREET ADDRESS		WESTUN PL 33321		Поли	}	1-217				Chagas	Addition
STREET ADDRESS CITY-ST-ZIP CITULE Change Addition				∟ı Derete	1				L	Change	☐ Audition
TITLE	STREET ADDRESS					ADDRESS					
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	CITY-ST	T-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE			☐ Delete	TITLE] Change	☐ Addition
CITY-ST-ZIP	NAME										}
TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME NAME NAME NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS								•			
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS		<u> </u>				1-ZIP				7.05	
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS				☐ Delete					L	_ Unange	M Addition
CITY-ST-ZIP	STREET ADDRESS ,					ADDRESS					1
NAME STREET ADDRESS STREET ADDRESS		er en eur		a www.ii ii ii ii arm		i		المراجعة المراجعة المنتسي والمناس	- 2. 2 4	J	
STREET ADDRESS STREET ADDRESS	TITLE			☐ Delete	TITLE					Change	Addition
•	NAME			j		1				•)
GHY-SI-ZP	STREET ADDRESS				8						
12. I hereby certify that the information supplied in this king does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		Contifue that the information	avanlind At this fire	alfan nat an alle de u			_4! 4	140.07(0)/0. Florida Octobrilla		41-44-1	-(1)

indicated on this report or supplemental report is of the corporation or the receiver or trustee end changed, or on an attachment with an address. fourate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

Daytime Phone #