

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90079 015 \*\*\*150.00

**DOCUMENT # P01000049892**

1. Entity Name  
**JEANS & COMPANY DISTRIBUTOR'S CORP.**



Principal Place of Business  
**10050 NW 44 TERRACE SUITE 301  
MIAMI FL 33178**

Mailing Address  
**10050 NW 44 TERRACE SUITE 301  
MIAMI FL 33178**



2. Principal Place of Business  
**8820 FONTAINEBLEAU BLVD**

3. Mailing Address

Suite, Apt. #, etc.  
**209**

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State

Zip  
**33172**

Country  
**USA**

Zip

Country

4. FEI Number **65-1105398**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MEDINA, PATRICK ALBERT  
10050 NW 44 TERRACE SUITE 301  
MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name  
**MEDINA, PATRICK A**  
Street Address (P.O. Box Number is Not Acceptable)  
**8820 FONTAINEBLEAU BLVD  
SUITE 209**  
City **MIAMI** FL Zip Code **33172**

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.

SIGNATURE *Patrick Albert Medina*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**02/05/2003**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MEDINA, PATRICK A</b>	
STREET ADDRESS	<b>10050 NW 44 TERRACE SUITE 301</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SILVA, LUIS O</b>	
STREET ADDRESS	<b>10050 NW 44 TERRACE, SUITE 301</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DA SILVA, TARCISIO N</b>	
STREET ADDRESS	<b>10050 NW 44 TERRACE, SUITE 301</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEDINA, PATRICK A</b>	
STREET ADDRESS	<b>8820 FONTAINEBLEAU BLVD #209</b>	
CITY-ST-ZIP	<b>MIAMI - FL 33172</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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: *Patrick Medina*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/05/2003** **786-514-7676**  
Day Daytime Phone #

CR2E034 (10/02)