## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 17, 2002 8:00 am Secretary of State P01000066439 DOCUMENT # 1. Entity Name 04-17-2002 90125 025 \*\*\*158 JESUSMANIA, INC. Mailing Address Principal Place of Business 3621 COLLINS AVE., #208 3621 COLLINS AVE., #208 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 3. Mailing Address 2. Principal Place of Business RES # 319 CALLE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. - LIGURIA APT # 9 Applied For 4. FEL Number City & State City & State 65-1155476 AM Not Applicable Country \$8.75 Additional Country Zip Zip Certificate of Status Desired PERU Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PORTUONDO, MARIA JESUS M Street Address (P.O. Box Number is Not Acceptable) 3621 COLLINS AVE., #208 MIAMI, BEACH FL 33140 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE Delete TITLE NAME NAME PORTUONDO, MARIA JESUS M STREET ADDRESS 3621 COLLINS AVE., #208 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIE ☐ Addition □ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

PORTUON DO: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

MARIA

☐ Delete

APRIL 08th 2002 - 51-1-966 0045

☐ Change

☐ Addition