

2002 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90039 008 \*\*\*150.00

DOCUMENT # P01000073474

1. Entity Name

JUMPIN' BEANS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10585 N.W. 53rd St.

Suite, Apt. #, etc.

3. Mailing Address

10585 N.W. 53rd St.

Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33351

Country

USA

Zip

33351

Country

USA

4. FEI Number

65-1124095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Julian Dominguez

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

10585 N.W. 53rd St.

City

Sunrise

FL

Zip Code  
33351

**DO NOT WRITE  
IN THIS SPACE**

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

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   |
|-------|-------------------|---------------------|-------------------|
| PST   | Dominguez, Julian | 10585 N.W. 53rd St. | Sunrise, FL 33351 |
| TITLE | NAME              | STREET ADDRESS      | CITY - ST - ZIP   |
| TITLE | NAME              | STREET ADDRESS      | CITY - ST - ZIP   |
| TITLE | NAME              | STREET ADDRESS      | CITY - ST - ZIP   |
| TITLE | NAME              | STREET ADDRESS      | CITY - ST - ZIP   |
| TITLE | NAME              | STREET ADDRESS      | CITY - ST - ZIP   |
| TITLE | NAME              | STREET ADDRESS      | CITY - ST - ZIP   |

| TITLE                                 | NAME | STREET ADDRESS | CITY - ST - ZIP |
|---------------------------------------|------|----------------|-----------------|
| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |      |                |                 |
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| TITLE                                 | NAME | STREET ADDRESS | CITY - ST - ZIP |
| TITLE                                 | NAME | STREET ADDRESS | CITY - ST - ZIP |
| TITLE                                 | NAME | STREET ADDRESS | CITY - ST - ZIP |

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:

*Julian Dominguez*

Julian Dominguez, President

Date

Daytime Phone #

954-224-4184

4/29/02

CR2E034B (12/01)