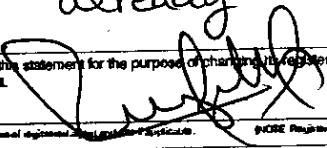
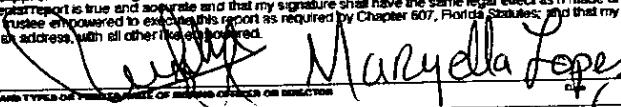


FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90114 042 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000028103			
1. Entity Name FILOTEO MAQUILADORES JEANS, INC.			
Principal Place of Business 800 WEST AVE, #945 MIAMI, FL 33139		Mailing Address 800 WEST AVE, #945 MIAMI, FL 33139	
2. Principal Place of Business 800 WEST AVE. Suite, Apt. #, etc. 945		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Miami Beach, FL		City & State	
Zip 33139		Country USA	
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JORCZAK, MARIE 8100 SW 103 AVE MIAMI, FL 33137		7. Name and Address of New Registered Agent Name: MARYELLA LOPEZ Street Address (P.O. Box Number if Not Applicable): 800 West Ave Ste 945 City: Miami Beach FL Zip Code: 33139	
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.		DATE: 2/28/03	
SIGNATURE: 		DATE: 2/28/03	
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: D NAME: LOPEZ, MARYELLA STREET ADDRESS: 800 WEST AVE, #945 CITY-ST-ZIP: MIAMI, FL 33139		TITLE: ☐ Delete NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: ☐ Delete NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition		TITLE: ☐ Delete NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
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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 supplement 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 filers involved.		SIGNATURE:  DATE: 2/28/03	

90048207



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

(305) 5341429