

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90264 011 ***150.00

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DOCUMENT # P02000029281

1. Entity Name
JEANS R US, INC.



Principal Place of Business
255 ALHAMBRA CIRCLE, SUITE 720
CORAL GABLES FL 33134

Mailing Address
255 ALHAMBRA CIRCLE, SUITE 720
CORAL GABLES FL 33134



2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number
75-3046385

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

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

HERNANDEZ, ARMANDO
255 ALHAMBRA CIRCLE, SUITE 720
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHAYA, SION CHAYA SR.	
STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 720	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHAYA, ALFREDO CHEJA SR.	
STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 720	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ATRI, JACOBOW CHEJA SR.	
STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 720	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAAD, ALFREDO ATRI	
STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 720	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: _____ **SIGNATURE REQUIRED** _____ **4/11/03** **3244880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)