

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

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90015 040 ***150.00

DOCUMENT # *P02000101838*

1. Entity Name

JEN SOLUTIONS. INC.



DO NOT WRITE IN THIS SPACE

94051811

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2645 Executive Park Dr

3. Mailing Address

2645 Executive Park Dr

Suite, Apt. #, etc.

413

Suite, Apt. #, etc.

413

City & State

Weston

FL

City & State

Weston

FL

4. FEI Number

42-1551118

Applied For

Not Applicable

Zip

33331

Country

USA

Zip

33331

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

AXEL MENGES

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

4353 LAUREL RIDGE CL.

City

WESTON

FL

Zip **33331**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

4/12/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
AXEL MENGES
2645 EXECUTIVE PARK DR. #413
WESTON, FL 33331**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Axel Menges

4/12/04

#954-389-7501

Date

Daytime Phone #

CR2E034B (12/02)