

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90056 003 ***150.00

| | |
|---|--|
| DOCUMENT # P98000023784 | |
| 1. Entity Name | |
| JEANIE CLEAN, INC. | |
| Principal Place of Business | Mailing Address |
| 846 NW 110 AVE PLANTATION FL 33324 | 846 NW 110 AVE PLANTATION FL 33324-7347 |

| | |
|--|---------------------|
| 2. Principal Place of Business 3040 NE 190 St | 3. Mailing Address |
| Suite, Apt. #, etc. 3162 | Suite, Apt. #, etc. |

| | | | |
|-----------------------------|----------------|--------------|---------|
| City & State Aventura FL | | City & State | |
| Zip 33180 | Country USA | Zip | Country |

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 65-0816211 | Applied For |
| | | Not Applicable |

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent | |
|---|--|----|
| JACOBS, JEANIE 846 NW 110 AVE PLANTATION FL 33324 | Name | |
| | Street Address (P.O. Box Number is Not Acceptable) | |
| | | |
| | City | FL |

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 Janice Jacobs 4-18-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|--|--|--|---|
| <p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p> | <p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p> | <p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> | <p>\$5.00 May Be Added to Fees</p> |
|--|--|--|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete D JACOBS, JEANIE 846 NW 110 AVE PLANTATION FL 33324 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Jacobs 4-18-00 (305) 936-9856
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #