## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 21, 2002 8:00 am Secretary of State P98000052823 DOCUMENT # 1. Entity Name 05-21-2002 91136 022 \*\*\*158.75 BCU JEANS CORP. Principal Place of Business Mailing Address 2881 N OAKLAND FORREST DRIVE, UNIT 212 2881 N OAKLAND FORREST DRIVE. UNIT 212 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 2. Principal Place of Business 4249 N. STATE RD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0084750 fort 1 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ULCENA, BERWICK Street Address (P.O. Box Number is Not Acceptable) 2881 N OAKLAND FORREST DRIVE, UNIT 212 FT LAUDERDALE FL 33309 City Zip Code 8. The above named entity mits this statem Int for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12: SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition CR2E034 (9/01 ULCENA, BERWICK NAME NAME STREET ADDRESS 2881 N OAKLAND FORREST DRIVE, UNIT 212 STREET ADDRESS FT LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete NAME ULCENA, CHRISTIAN NAME STREET ADDRESS 2881 N. OAKLAND FORREST DRIVE, UNIT 212 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing toes 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 Block 12 if of the corporation or the receiver or trus changed, or on an attachment with ah ke empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: