

*Corporation*  
~~LIMITED PARTNERSHIP~~  
**UNIFORM BUSINESS REPORT (UBR)**

*1/2/03*

DOCUMENT # P98000099950  
 1. Entity Name  
 CLAIRJEUNE, CORR.



**FILED**

03 MAR -7 PM 3:14

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*OWB WORK*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 2851 W. 68 ST # 8  
 Suite, Apt. #, etc.  
 APT 8  
 City & State  
 HIALEAH FL 33018  
 Zip Country  
 33018 USA

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**DUE BY MAY 1**

4. FEI Number  
 65 0885636  
 Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name  
 ELENA DE LOS MILAGROS ALFONSO  
 Street Address (P.O. Box Number is Not Applicable)  
 2851 W. 68 ST # 8 HIALEAH FL 33018  
 City Zip Code  
 HIALEAH FL FL 33018

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 *E. Alfonso* 03 - 03 - 2003  
Signature, typed or printed name of registered agent and date if applicable. DATE

9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P ELENA DE LOS MILAGROS ALFONSO 2851 W. 68 ST # 8 HIALEAH FL 33018		200014415858 03/20/03--01067--021 **300.00
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**DO NOT WRITE IN THIS SPACE**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *E. Alfonso* 03-03-2003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date

STAPLE CHECK HERE

CR2E003B (12/02)

*Zellz*

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 300.00 for the annual report fee with my application.

I did not receive the U.B.R. for the year, 2002 and 2003, or any other notice from the Division of Corporations in respect with the Corporation **CLAIR JEUNG CORP**

Thank you for your courtesy in this matter.

*E. M. Alfonso*

**ELENA DE LOS M. ALFONSO**  
**PRESIDENT**