

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90325 039 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000071282

1. Entity Name
JAN DRESS FOR LESS, INC. ✓

Principal Place of Business
9035 W SUNRISE BOULEVARD
PLANTATION, FL
33322

Mailing Address
9035 W SUNRISE BOULEVARD
PLANTATION, FL
33322

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

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

City & State
Zip Country

City & State
Zip Country

4. FEI Number
65-0940156

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NOFIL & NOFIL, PA
3284 N STATE RD 7
LAUDERDALE LAKES, FL 33319

7. Name and Address of New Registered Agent

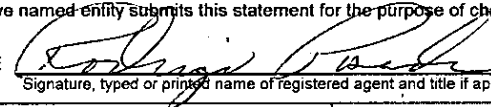
Name
RODRIGO POSADA

Street Address (P.O. Box Number is Not Acceptable)
715 N BEL AIR DRIVE

City
PLANTATION

FL Zip Code
33317

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  RODRIGO POSADA 4/30/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00
Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	RINCONES, ANDREA	
STREET ADDRESS	911 NW 85TH TERR, #131	
CITY - ST - ZIP	PLANTATION, FL 33324	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	BOLIVAR, RAMIRO	
STREET ADDRESS	911 NW 85TH TERR, #131	
CITY - ST - ZIP	PLANTATION, FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9035 W SUNRISE BLVD.	
CITY - ST - ZIP	PLANTATION, FL 33322	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9035 W SUNRISE BLVD.	
CITY - ST - ZIP	PLANTATION, FL 33322	
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		

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

4/30/02