

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92204 013 ***150.00

DOCUMENT # S14488							
1. Entity Name THE R.F. JEANS COMPANY							
Principal Place of Business 2725 ARBORWOOD ROAD DAVIE, FL 33328			Mailing Address P.O. BOX 290130 DAVIE, FL 33329-0130				
2. Principal Place of Business 6352 N.W. 173rd Street Suite, Apt. #, etc. Miami, Florida City & State			3. Mailing Address 6352 N.W. 173rd Street Suite, Apt. #, etc. Street City & State miami, Florida				
Zip 33015		Country U.S.A.		Zip 33015			
Country U.S.A.		4. FEI Number 65-0249819 <table border="1" style="float: right; width: 100px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>				Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent BATARSE, JOSE ENRIQUE 2725 ARBORWOOD ROAD DAVIE, FL 33328			7. Name and Address of New Registered Agent Name <u>Jose Enrique Batarse</u> Street Address (P.O. Box Number is Not Acceptable) <u>6352 N.W. 173rd Street</u> City <u>miami</u> FL Zip Code <u>33015</u>				
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 _____ (NOTE: Registered Agent's signature required when resigning) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BATARSE, JOSE ENRIQUE ☐ Delete 2725 ARBORWOOD ROAD DAVIE, FL 33328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Batarse, Jose Enrique ☒ Change ☐ Addition 6352 N.W. 173rd Street miami, Florida 33015.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Jose Enrique Batarse - President</u> Director <u>April 30, 2003</u> <u>557-5603</u> (305)							

CH2E034 (10/02)