2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # \$19069** 1. Entity Name JEANS & JACKETS U.S.A. INC. 04-16-2001 90013 001 ***158 75 Principal Place of Business Mailing Address 15444 SW 113 ST. 15444 SW 113 ST. MIAMI FL 33196 MIAMI FL 33196 2. Principal Place of Business AVENTURA 3. Mailing Address 3530 MYSTIC POINTE DE Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 3530 Mystic Power De Suite 915 Sow Watate 711 City & State Applied For 4. FEI Number 65-0283960 AUBNIUM- FL FL ASUTURA Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JULIO MO IANO ARDILA, JORGE Street Address (P.O. Box Number is Not Acceptable) 15444 SW 113 ST **MIAMI FL 33196** AUE NTU RA 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. JULIO MOUND SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **X**Delete TITLE peesidenr TITLE NAME POINTE DI. NAME ARDILA. JORGE STREET ADDRESS 15444 S.W. 113 ST. STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **MIAMI FL 33196** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 inclicated 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** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR