

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 18, 2001 8:00 am
Secretary of State

05-18-2001 91596 005 ***150.00

DOCUMENT #

96000039422

1. Entity Name

JAINY INTERNATIONAL CORPORATION

Principal Place of Business

9990 SW 77th Ave
Ste 209
MIAMI FL 33156

Mailing Address

2. Principal Place of Business

3. Mailing Address

8650 SW 67 Ave
Suite, Apt. #, etc.
1021

Suite, Apt. #, etc.

City & State

City & State

MIAMI

4. FEI Number

65-0669248

Applied For

Not Applicable

Zip

Country

Zip

Country

33143

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

552397

6. Name and Address of Current Registered Agent

FRIEDHOFF, JOHN H.
100 SE 2nd STREET, 17th FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME BONELLO, DANIEL
STREET ADDRESS RUA BARBARA ELEDORA, 353 AP. 81
CITY-ST-ZIP SPB PAULO-SP 05440-040 BRAZIL

TITLE ☐ Delete
NAME MENINI EDMO
STREET ADDRESS 8260 SW 141st Street
CITY-ST-ZIP MIAMI FL 33158

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

EDMO A. MENINI

04/30/2001

786 268 2778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED34 (11/00)