

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019469

1. Entity Name

JANSY ENTERPRISES INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90055 033 \*\*\*150.00

Principal Place of Business

1955 BUCHANAN STREET  
HOLLYWOOD FL 33020

Mailing Address

1955 BUCHANAN STREET  
HOLLYWOOD FL 33020-4016

2. Principal Place of Business

2836 FILLMORE STREET  
Suite, Apt. #, etc.  
APT. 28

3. Mailing Address

2836 FILLMORE STREET  
Suite, Apt. #, etc.  
APT. 28

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

Zip

33020

Country

USA

Zip

33020

Country

USA

4. FEI Number

65-0562481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SYVRAIS, JANINE  
1955 BUCHANAN ST  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name: CASTILLOUX MICHEL

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

2836 FILLMORE STREET APT. 28

City HOLLYWOOD

FL

Zip Code

33020

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 Michel Castiloux

MICHEL CASTILLOUX Free

4/24/2000

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CASTILLOUX, MICHEL	
STREET ADDRESS	1955 BUCHANAN ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLOUX MICHEL	
STREET ADDRESS	2836 FILLMORE STREET APT. 28	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 other like empowered.

SIGNATURE: Michel Castiloux

MICHEL CASTILLOUX Free

Date

04/24/00

CR2E034 (9/99)