2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 408551 May 02, 2000 8:00 am Secretary of State 1. Entity Name JALANE'S, INC. 05-02-2000 90143 042 ***150.00 Principal Place of Business Mailing Address 1834 14TH STREET WEST 1834 14TH STREET WEST **BRADENTON FL 34205 BRADENTON FL 34205-7135** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1417882 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, DANIEL B. Street Address (P.O. Box Number is Not Acceptable) 4424 - 3RD. AVE. E. **BRADENTON FL 34208** Zip Code City 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 DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ST TITLE Change ☐ Addition TITLE ☐ Delete PEREZ, MARGARET NAME NAME STREET ADDRESS STREET ADDRESS 5012-9TH ST CT. E CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** ☐ Change Maddition ☐ Delete TITLE NAME PEREZ, DANIEL B. STREET ADDRESS STREET ADDRESS 4424-3RD AVE. E. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** ☐ Addition _ Delete TITLE . 🔲 . Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 dispersions of the corporation of the corporation of the corporation of the receiver of the corporation of the c