

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 510745

1. Entity Name

THE JANIS COMPANY, INC.

FILED

Apr 10, 2000 8:00 am  
Secretary of State

04-10-2000 90104 032 \*\*\*158.75

Principal Place of Business

9400 SOUTH DADELAND BLVD.  
SUITE 702  
MIAMI FL 33156  
US

Mailing Address

9400 S DADELAND BLVD  
702  
MIAMI FL 33156-2844  
US

2. Principal Place of Business

8181 S.W., 117 Street

3. Mailing Address

8181 S.W. 117 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pinecrest, FL 33156

City & State

Pinecrest, FL 33156

Zip 33156

Country U.S.A.

Zip 33156

Country U.S.A.

4. FEI Number

59-1686171

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JANIS, BERNARD  
9400 S DADELAND BLVD  
702  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

same - new address

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

8181 S.W. 117 Street

City

Pinecrest

FL

Zip Code 33156

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

April 3, 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 VD  
NAME MACINA, ANTHONY F  
STREET ADDRESS 9713 S.W. 99TH ST.  
CITY-ST-ZIP MIAMI FL ☒ De/ete

TITLE PD  
NAME JANIS, BERNARD  
STREET ADDRESS 115 ARVIDA PARKWAY  
CITY-ST-ZIP CORAL GABLES FL ☐ De/ete

TITLE CD  
NAME GERDA, JANIS  
STREET ADDRESS 9400 S DADELAND BLVD #702  
CITY-ST-ZIP MIAMI FL 33156 ☐ De/ete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ De/ete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ De/ete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ De/ete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE (same, - new address)  
NAME  
STREET ADDRESS 115 Arvida Parkway  
CITY-ST-ZIP Coral Gables, FL 33156 ☐ Change ☐ Addition

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-03-00

(305) 235-1750

Date

Daytime Phone #

CR2E034 (9/99)