

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90123 041 ***150.00

DOCUMENT # F48374

2002

1. Entity Name

JANORO FIXTURE MANUFACTURING CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

249 W. 29 St.

3. Mailing Address

249 W. 29 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hialeah, Florida 33012

City & State

249 W. 29 St.

4. FEI Number

59-2125567

Applied For

Not Applicable

Zip
33012

Country
Dade

Zip
33012

Country
Dade

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JAMES G. SOBIE

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

1400 DIPLOMAT PKWY

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

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP**

**PD
Sobie James G.
1400 Diplomat Pkwy
Hollywood, Fl.**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**PD
Sobie, Rebeca
1400 Diplomat Pkwy
Hollywood, Fl.**

**TITLE
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STREET ADDRESS
CITY-ST-ZIP**

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James G. Sobie

Pres.

4/15/02

Date

(305) 887-2524

Daytime Phone #

CR2E034B (12/01)