

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90172 030 ****55.00

DOCUMENT # L95000000671

1. Entity Name

JANASA TRADING, L.C.

Principal Place of Business

**410 E. HALLANDALE BEACH BLVD., #203
 HALLANDALE BEACH FL 33009**

Mailing Address

**410 E. HALLANDALE BEACH BLVD., #203
 HALLANDALE BEACH FL 33009**

2. Principal Place of Business

410 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

Suite # 203

City & State

Hallandale Beach, Florida

Zip
33009

Country
U.S.A.

3. Mailing Address

410 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

Suite # 203

City & State

Hallandale Beach, Florida

Zip
33009

Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0622312

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEDERMAN, MAX J
 20995 N.E. 30TH PLACE
 AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name

Juan Carlos Cogollos

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

1075 NE MIAMI GARDEN DRIVE APT 509W

City

North Miami Beach

FL

Zip Code

33179

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GMGR LEDERMAN, MAX J 410 E. HALLANDALE BEACH BLVD., #203 HALLANDALE BEACH FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GMGR COGOLLOS, JUAN C 410 E. HALLANDALE BEACH BLVD., #203 HALLANDALE BEACH FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARLOS BUITRAGO 655 IVES DIARY Road Apt 116 North Miami, Florida. 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E083 (9/01)