2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State
03-04-2003 90156 042 ****55.00

DOCUMENT # L95000000671

1. Entity Name
JANASA TRADING, L.C.

Principal Place of Business	Mailing Address
410 E HALLANDALE BEACH BLVD SUITE #703 HALLANDALE FL 33009 US	410 E HALLANDALE BEACH BLVD SUITE #703 HALLANDALE FL 33009 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
410 E HALLANDALE BEACH BLVD	410 E HALLANDALE BEACH BLVD
Suite, Apt. #, etc.: SUITE #203	Suite, Apt. #, etc.: SUITE #203
City & State: HALLANDALE, FLORIDA	City & State: HALLANDALE, FLORIDA
Zip: 33009 Country: US	Zip: 33009 Country: US

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**

COGOLLOS, JUAN CARLOS
1075 NE MIAMI GARDEN DRIVE
APT 509W
NORTH MIAMI BEACH FL 33179

7. **Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE	MGR	☐ Delete
NAME	COGOLLOS, JUAN C	
STREET ADDRESS	410 E. HALLANDALE BEACH BLVD., #203	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE	MGR	☐ Delete
NAME	BUITRAGO, CARLOS	
STREET ADDRESS	655 IVES DIARY ROAD APT 116	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

CR2E083 (10/02)

11. 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 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 COGOLLOS Jan/10/03 954-457-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #