

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90121 025 \*\*\*150.00

UNNUMBERED AT

DOCUMENT # P00000055900
1. Entity Name
SANJANRIET, INC.

Principal Place of Business
841 SW 16 COURT
FORT LAUDERDALE FL 33315
Mailing Address
700 E. DANIA BEACH BLVD.
#202
DANIA FL 33004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 65-1015442
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VIVIES, PATRICK
700 E. DANIA BEACH BLVD.
SUITE 202
DANIA FL 33004

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.

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) [X]

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes entry for PD CUVELIER, JEAN-CLAUDE.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes empty rows for additional entries.

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)