

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90028 050 ***150.00

004019 AV

DOCUMENT # P00000062250

1. Entity Name

JAN ROSE QUALITY FOODS, INC.



Principal Place of Business

**C/O SPA CAFE
ONE QUAY BLVD.
MIAMI FL 33138**

Mailing Address

**C/O SPA CAFE
ONE QUAY BLVD.
MIAMI FL 33138**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1019497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOPEZ, JANICE M
1100 NE 152 TERRACE
MIAMI FL 33138**

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

Janice Lopez
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LOPEZ, JANICE M**
CITY-ST-ZIP **1100 N.E. 152ND TERRACE
N. MIAMI BEACH FL 33162**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Janice Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/03
Date

305-895-7100
Daytime Phone #

CR2E034 (4/03)

Attachment 7/8/03
90143751 #P000000067250



Jan Rose Quality Foods, Inc.
DBA
SPA CAFE
Towers of Quayside

Jan Lopez
One Quay Blvd.
Miami, Florida 33138
Right Across from K-mart 107th Biscayne

Phone: 305-895-7100 Ext. 42
Cell: 305-798-6394
Beeper: 305-346-5820

We Never Received

this Form until Today

Please accept this

— \$150.00 Check

Thank you

Janie Lopez