

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91170 039 \*\*\*150.00

771312

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P00000094675

**1. Entity Name**  
 The Janie Corporation

<b>Principal Place of Business</b> 13730 State Rd. 84 #215 Davie, FL 33325	<b>Mailing Address</b> 13730 State Rd. 84 #215 Davie, FL 33325
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<b>2. Principal Place of Business</b> Same	<b>3. Mailing Address</b> Same
Suite, Apt. #, etc. #339	Suite, Apt. #, etc. #339
<b>City &amp; State</b> Same	<b>City &amp; State</b> Same
<b>Zip</b> USA	<b>Zip</b> USA

**6. Name and Address of Current Registered Agent**  
 Wilke, Lisa  
 13730 State Rd. 84 #215  
 Davie, FL 33325

**4. FEI Number**  
 65-1045037

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**  
 Name: Same  
 Street Address (P.O. Box Number is Not Acceptable): 13730 State Rd. 84 Ste 339  
 City: Davie FL Zip Code: 33325

**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) ☒

**FILE NOW!! FEE IS \$150.00**  
**After MAY 1, 2001 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**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> PD	<input type="checkbox"/> Delete
<b>NAME</b> Wilke, Lisa	
<b>STREET ADDRESS</b> 13730 St Rd. 84 #215	
<b>CITY-ST-ZIP</b> Davie, FL 33325	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b> 13730 State Rd. 84 #339	
<b>CITY-ST-ZIP</b> Davie, FL 33325	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** \_\_\_\_\_ 4/27/01 954/661-1091

CR2E034 (11/00)