## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P01000001151 1. Entity Name JANNA'S TALENT INTERNATIONAL INC. 04-10-2001 90112 040 \*\*\*150 00 Mailing Address Principal Place of Business 1720 NW N RIVER SR #611 1720 NW N RIVER SR #611 MIAMI FL 33125 MIAMI FL 33125 3. Mailing Address 2. Principal Place of Business 2 <u>v</u>d 955 SW 200 AVa 955 SW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 1410 apt. 1410 αότ. Applied For 4 FEI Number 65 - 1082010 City & State City & State Miami - Florida No Applicable Miami -\$8.75 Additional Zip Country Zip 5. Certificate of Status Desired USA U8A 3313 O 33130 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Andrea M. Perez 'Janna, Luz e Street Address (P.O. Box Number is Not Acceptable) 1720 NW N RIVER SR #611 MIAMI FL 33125 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. Andrea M. Perez (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Janna, Luz E. 955 SW 214 Ave. Apt. 1410 ▼ Delete TITLE TITLE D NAME NAME JANNA, LUS E STREET ADDRESS STREET ADDRESS 1720 NW N RIVER SR #611 Miami-Florida 33130 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33125 ☐ Addition Change Delete Perez, Andrea M. TITLE D 955 SW 200 AVA. APT. 1410 NAME NAME PEREZ, ANDREA M STREET ADDRESS STREET ADDRESS 1720 NW N RIVER SR #611 Miami - Florida 33130 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33125** Change ☐ Addition TITI F Delete TITLE Janna-Luz.E. NAME . ... NAME: 955 SW 20 AVE. # 1410 STREET ADDRESS STREET ADDRESS Miami- 71 33130 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPER TED NAME OF SIGNING OFFICER OR DIRECTOR