2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

Mar 22, 2002 8:00 am § Secretary of State P01000001151 DOCUMENT # 1. Entity Name JANNA'S TALENT INTERNATIONAL INC. 03-22-2002 90049 024 ***150.00 Principal Place of Business Mailing Address 955 SW 2ND AVENUE APT 1410 955 SW 2ND AVENUE APT 1410 MIAMI FL 33130 MIAMI EL 33130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1082010 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ JANNA, ANDREA M Street Address (P.O. Box Number is Not Acceptable) 955 SW 2ND AVENUE APT 1410 MIAMI FL 33130 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on báck) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE Delete TITLE JANNA, LUZ E NAME NAME STREET ADDRESS 955 SW 2ND AVENUE APT 1410 STREET ADDRESS **MIAMI FL 33130** CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change TITLE PEREZ. ANDREA M NAME NAME 955 SW 2ND AVENUE APT 1410 STREET ADDRESS STREET ADDRESS MIAMI FL 33130 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE . Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition 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 Charles 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED