

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91357 009 ***150.00

DOCUMENT # P01000001151

1. Entity Name
JANNA'S TALENT INTERNATIONAL INC.



Principal Place of Business
**955 SW 2ND AVENUE APT 1410
MIAMI FL 33130**

Mailing Address
**955 SW 2ND AVENUE APT 1410
MIAMI FL 33130**

2. Principal Place of Business
955 SW 2nd Ave #208

3. Mailing Address
955 SW 2nd Ave #208

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Florida 33130

City & State
Miami Florida 33130

4. FEI Number **65-1082010**

Applied For

Not Applicable

Zip **33130** Country **USA**

Zip **33130** Country **USA**

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

**PEREZ JANNA, ANDREA M
955 SW 2ND AVENUE APT 1410
MIAMI FL 33130**

Name
Perez Janna Andrea M.

Street Address (P.O. Box Number is Not Acceptable)

955 SW 2nd Avenue #208

City **Miami** **FL** Zip Code **33130**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☐ Delete
NAME **JANNA, LUZ E**
STREET ADDRESS **955 SW 2ND AVENUE APT 1410**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE **D** ☒ Change ☒ Addition
NAME **Janna, Luz E.**
STREET ADDRESS **955 SW 2nd Avenue Apt #208**
CITY-ST-ZIP **Miami Florida 33130**

TITLE **D** ☐ Delete
NAME **PEREZ, ANDREA M**
STREET ADDRESS **955 SW 2ND AVENUE APT 1410**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE **D** ☒ Change ☒ Addition
NAME **Perez, Andrea M.**
STREET ADDRESS **955 SW 2nd Avenue Apt 208**
CITY-ST-ZIP **Miami Florida 33130**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)