

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

ATX1

DOCUMENT # PO1000044022

1. Entity Name
JANUELA ENTERPRISES, INC

02 MAY -8 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
3834 CRESTWOOD CIRCLE
WESTON, FL
33331

500005558485--3

-05/20/02--01006--019

****150.00 ****150.00

2. Principal Place of Business
Suite, Apt. #, etc.2. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Zip Country

Zip Country

4. FEI Number
65-1099384Applied For
Not Applicable6. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required.

8. Name and Address of Current Registered Agent

PRESTON, FREDDIE
3834 CRESTWOOD CIRCLE
WESTON FL 33331

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

9. 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 fran-
chise Tax filing requirement and elects to do so.
(See criteria on back)10. Election Campaign Financing ☐ \$5.00
Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PRESTON, FRODIE
STREET ADDRESS 3834 CRESTWOOD CIRCLE
CITY - ST - ZIP WESTON, FL 33331☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE D
NAME JIMENEZ MARLEN
STREET ADDRESS 3834 CRESTWOOD CIRCLE
CITY - ST - ZIP WESTON, FL 33331☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE D
NAME MAY, JENNIFER
STREET ADDRESS TRASVERSAL 17 # 121-12 OF.
CITY - ST - ZIP 514 BOGOTA COLOMBIA☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE D
NAME PRESTON VIVIAN
STREET ADDRESS TRASVERSAL 17 # 121-12 OF.
CITY - ST - ZIP 514 BOGOTA COLOMBIA☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2002

Date

Daytime Phone #

02E034 (8/99)

nt 5/16/02