

2/11/

FILED**Apr 21, 2002 8:00 am**
Secretary of State

02-11-2002 90004 048 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000045889**

1. Entity Name

JANE'S MARKET CAFE INC

Principal Place of Business

**3231 SW NUTLEY ST
PORT ST LUCIE FL 34983**

Mailing Address

**3231 SW NUTLEY ST
PORT ST LUCIE FL 34983**

2. Principal Place of Business

3132 SW NUTLEY ST

Suite, Apt. #, etc.

3. Mailing Address

3132 SW NUTLEY ST

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1105598

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**HASHEM, JOHNNA F
161 NE TUNISON AVE.
PORT ST LUCIE FL 34983**

7. Name and Address of New Registered Agent

Name **JANE M. MANGAWARO**

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

3132 SW NUTLEY ST.City **PORT ST LUCIE**

FL

Zip Code

34953

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, 2002 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

TITLE NAME ☐ DeleteSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ DeleteSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ DeleteSTREET ADDRESS
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CITY-ST-ZIPTITLE NAME ☐ DeleteSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ DeleteSTREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ AdditionSTREET ADDRESS
CITY-ST-ZIP**PRESIDENT
JANE M. MANGAWARO
3132 SW NUTLEY
PORT ST. LUCIE, FL 34953**TITLE NAME ☐ Change ☒ AdditionSTREET ADDRESS
CITY-ST-ZIP**VICE PRESIDENT
SAMUEL T. MANGAWARO
3132 SW NUTLEY ST.
PORT ST. LUCIE FL 34953**TITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26 -02 561-464-960

CR2034 (9/01)