

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90024 013 ***150.00

DOCUMENT # P01000084311 1. Entity Name THORAL JANSEN P.A.	
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DO NOT WRITE IN THIS SPACE

94017988

2. Principal Place of Business 1665 BAY RD Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 398836 Suite, Apt. #, etc.		4. FEI Number 59-3740009 Applied For ☐ Not Applicable ☐	
City & State MIAMI BEACH FL		City & State MIAMI BEACH FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 33139	Country USA	Zip 33239	Country USA		

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name THORAL JANSEN	
	Street Address (P.O. Box Number is Not Acceptable) 1665 BAY RD	
	City MIAMI BEACH	Zip Code FL 33139

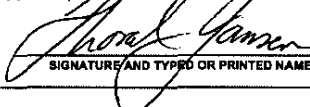
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JANSEN, THORAL 1665 BAY RD MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other fee empowered.

SIGNATURE:  **THORAL A. JANSEN - PRESIDENT** **2/16/04** **305 301 2170**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)