2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State
03-19-2003 90123 021 ***150.00

DOCUMENT # P01000084311

1. Entity Name
THORAL JANSEN P.A.

Principal Place of Business	Mailing Address
1019 ELGIN LANE KEY WEST FL 33040	1019 ELGIN LANE KEY WEST FL 33040

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
600 EUCLID AVE #BS	P.O. Box 190785
Suite, Apt. #, etc. MIAMI BEACH FL	Suite, Apt. #, etc. MIAMI BEACH
City & State 33139	City & State FL 33119
Zip / Country USA	Zip / Country USA

4. FEI Number 59-3740009 ☐ Applied For ☐ Not Applicable

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
JANSEN, THORAL 1019 ELGIN LANE KEY WEST FL 33040	Name: THORAL JANSEN Street Address (P.O. Box Number is Not Acceptable): 600 EUCLID AVE #BS City: MIAMI BEACH FL Zip Code: 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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD JANSEN, THORAL 1019 ELGIN LANE KEY WEST FL 33040	☐ Delete	PSD THORAL JANSEN 600 EUCLID AVE #BS MIAMI BEACH FL 33139	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Thoral Jansen PRESIDENT 3/15/03 3059231487
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)