FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90967 028 ***150.00

DOCUMENT # P02000009597

1. Entity Name
JANTANA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
608 N Dixie Hwy	608 N Dixie Hwy
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: LANTANA FL	City & State: LANTANA FL
Zip: 33462 Country: USA	Zip: 33462 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 01 0607063 — Applied For / Not Applicable

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

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7. **Name and Address of Current Registered Agent**

Name: JANIS RONALD
Street Address (P.O. Box Number is Not Acceptable): 608 N DIXIE HWY
City: LANTANA **FL** Zip Code: 33462

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	JANIS RONALD
STREET ADDRESS	608 N DIXIE HWY
CITY-ST-ZIP	LANTANA FL 33462
TITLE	DST
NAME	JANIS ESTELLE
STREET ADDRESS	608 N DIXIE HWY
CITY-ST-ZIP	LANTANA FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034E (12/02)

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 like empowered.

SIGNATURE: Ron Janis 4/25/05 561 5408977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #