2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000094175

1. Entity Name
JANI CLEAN INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
163 LAKEVIEW DR #308-201	163 LAKEVIEW DR #308-201
WESTON FL 33326-2571	WESTON FL 33326-2571

11020999

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7399 NW 54th STreeT	PO Box 267542
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	
Miami FL	WesTon FL	73-1656509	☑ Applied For ☐ Not Applicable
Zip 33166	Country	Zip 33326	Country

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
RODRIGUEZ, JOSE 163 LAKEVIEW DR #308-201 WESTON FL 33326-2571	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL ___ Zip Code

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 _Jose Rodrigues_ Jose Rodriguez   4·23·03

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 PD NAME RODRIGUEZ, JOSE STREET ADDRESS 163 LAKEVIEW DR #308-201 CITY-ST-ZIP WESTON FL 33326-2571		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE D NAME FERNANDO ARROYO STREET ADDRESS BOX 876 CITY-ST-ZIP MAYAGUEZ, P.R. 00681		☐ Delete	TITLE Director NAME FERNANDO ARROYO STREET ADDRESS Box 876 CITY-ST-ZIP MAyAGuez, P.R. 00681		☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Jose Rodriguez_   4·23·03   954·444·7345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #