

FILED
May 30, 2003 8:00 am
Secretary of State

05-02-2003 90084 004 ***150.00

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

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DOCUMENT # P02000104973	
1. Entity Name Janis, IV Incorporated	

55044928

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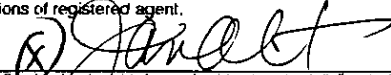
2. Principal Place of Business 1040 Seminole Dr Suite, Apt. #, etc. #1163 1160 City & State Ft Lauderdale FL Zip 33304 Country USA	3. Mailing Address 1040 Seminole Dr Suite, Apt. #, etc. #1163 1160 City & State Ft Lauderdale FL Zip 33304 Country USA
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IN THIS SPACE**

4. FEI Number Applied	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent	
Name Janis Altman	
Street Address (P.O. Box Number is Not Acceptable)	
1040 Seminole Dr #1163 1160	
City Ft Lauderdale	Zip Code 33304

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 	DATE 5/28/03

January 1 to May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$6125
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	
TITLE PLVPITIS	
NAME Janis Altman	
STREET ADDRESS 1040 Seminole Dr #1163	
CITY-ST-ZIP Ft Lauderdale FL 33304	
TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE**

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: 	DATE 5/28/03 954-709-8505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034B (12/02)