FILED
May 30, 2003 8:00 am
Secretary of State
05-02-2003 90084 004 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55044928

DOCUMENT # P02000104973

1. Entity Name
Janis, IV Incorporated

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied — ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 FL 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 (X) _____ 5/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1st - May 1 Fee is $150.00
After May 1st 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

10. OFFICERS AND DIRECTORS

TITLE	PD/PT/S
NAME	Janis Altman
STREET ADDRESS	1040 Seminole Dr #1163
CITY-ST-ZIP	Ft Lauderdale FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (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: (X) _____ 5/28/03 954-709-8505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #