

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91774 030 \*\*\*150.00

**DOCUMENT # P02000116263**

1. Entity Name  
**JULIANA HOLDINGS, INC.**



Principal Place of Business  
**9 SW 13TH STREET  
FORT LAUDERDALE FL 33315**

Mailing Address  
**9 SW 13TH STREET  
FORT LAUDERDALE FL 33315**



2. Principal Place of Business

**4165 N. DIXIE HWY**  
Suite, Apt. #, etc.

3. Mailing Address

**4165 N. DIXIE HWY**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**OAKLAND PARK**

City & State  
**OAKLAND PARK**

4. FEI Number  
**051007569**

Applied For  
Not Applicable

Zip Country  
**33334 USA**

Zip Country  
**33334 USA**

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

6. Name and Address of Current Registered Agent

**JOHNSON, SEAN  
9 SW 13TH STREET  
FORT LAUDERDALE FL 33315**

7. Name and Address of New Registered Agent

~~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 \_\_\_\_\_ (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

TITLE **PD** ☐ Delete  
NAME **JULIANA, DANIELLE**  
STREET ADDRESS **17280 BOCA CLUB BLVD., #2204**  
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **VCFO** ☐ Delete  
NAME **JULIANA, DEANNA**  
STREET ADDRESS **17280 BOCA CLUB BLVD., #2204**  
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Danielle Juliana** 04/23/03 954-630-8855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)