FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90441 043 ***150.00

DOCUMENT # P02000119511

1. Entity Name
JANIS GROUP, INC.

40075108

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: 13-4250239 ☐ 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 RONALD

Street Address (P.O. Box Numbers 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	DP	TITLE	
NAME	JANIS RONALD	NAME	
STREET ADDRESS	608 N DIXIE HWY	STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	CITY-ST-ZIP	
TITLE	DST	TITLE	
NAME	JANIS ESTELLE	NAME	
STREET ADDRESS	608 N DIXIE HWY	STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**DO NOT WRITE**
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E0MR (12/00)

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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ron Janis 4/29/05 561 5408977

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