2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P27139** Jan 27, 2000 8:00 am Secretary of State 1. Entity Name JANS LTD., INC. 01-27-2000 90056 002 ***150.00 Principal Place of Business Mailing Address 1654 TIGER TAIL AVE.. 1654 TIGER TAIL AVE.. MIAMI FL 33133 MIAMI FL 33133-2543 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COPPOLA, JOHN R. Street Address (P.O. Box Number is Not Acceptable) 1654 TIGER TAIL AVE., **MIAMI FL 33133** Zip Code City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete COPPOLA, JOHN R. NAME NAME STREET ADDRESS STREET ADDRESS 1654 TIGER TAIL AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE COPPOLA, ANNE T. NAME NAME STREET ADDRESS STREET ADDRESS 1654 TIGER TAIL AVE. CITY, ST-7IP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 /-/ Date 305-59/-587