

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000010802 1. Corporation Name

JANTREX BUILDING SERVICES INC.

## **FILED** Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90077 043 \*\*\*150.00



Principal Place	e of Business	Mailing Address			I (841528) iid (4174 iid)) datti aatti aatti aate		
6401 E. ROGERS CIRCLE, #3 6401 E. ROGERS CIRCLE. #3							
BOCA RATON FL 33487		BOCA RATON FL 33487		DO NOT WRITE IN THIS SPACE			
US US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
					1 3'		1
Principal Place of Business     2a, Mailing Address					12/09/1992 4. FEI Number	T Ar	plied For
2. Principal Place of Business		<u> </u>		<sup>-</sup> '		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0373980		Additional	
22	#, etc.	27	Suite, Apr. #, etc.		5. Certifcate of Status Desired		equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
<b>⊢</b> , ′		28			Trust Fund Contribution		to Fees
Zip	Country Zip		Countr	y	8. This corporation owes the current year Int	angible	
24	25	29	30		Personal Property Tax.	∐Yes	□No
	9. Name and Address of Current				10. Name and Address of New Registered	Agent	
			81	Name			]
CALELLO, NICK			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
6401 E. ROGERS CIRCLE #3			02	62 Street Address (F.O. Box Number is Not Acceptable)			
BOC	A RATON FL 33487		8:	3			
			84	1 City		85 Zip	Code
				<u></u>	FL	<u> </u>	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation	of Florida. Such change was at	ithorized by	the corporal	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	changing its intment as re	egistered egistered
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				ent signature requi	red when reinstating) DATE		
12.		ND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO ☐ Change	Addition
TITLE	P	DELETE	1.1 TITLE			Criange	
NAME	CALLEGO, MICH		1.2 NAME				ĺ
STREET ADDRESS	OTO E. HOGENS CHICLE TO		1.3 STREI	ET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL	F) never	1.4 CITY-	ST-ZIP		Change	Addition
TITLE	ST	☐ DELETE	2.1 TITLE			Change	
NAME	CALELLO, ZOILA		2.2 NAME				
STREET ADDRESS	OTO E. HOGENO CHICLE #C		2.3 STREI	ET ADDRESS			ļ
CITY-ST-ZIP	D00// 10// 0// 12		2.4 CITY		<u> </u>	Change	- Addition
TITLE			3.1 TITLE		* ••	Change	☐ Addition
NAME	· •		3.2 NAME	1			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME	1			-
STREET ADDRESS	, 1		4.3 STREI	TADORESS			1
CITY-ST-ZIP	-		4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	1		☐ Change	☐ Addition
NAME			5.2 NAME	,			
STREET ADDRESS	,			ET ADDRESS			
CITY-ST-ZIP	•		5.4 CITY-	ST-ZIP			
					·		
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
TITLE NAME		☐ DELETE	6.1 TITLE 6.2 NAME			☐ Change	Addition
		☐ DELETE	6.2 NAME			☐ Change	Addition Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: