FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # p92000010802 02 OCT 18 AM 10: 32 Jantuck Building Services SECRETARY OF STATE DO NOT WRITE IN THIS SPACE Principal Place of Business
1401 E. 1009ETS Circle 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For City & State 73980 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent NII-Gholas DO NOT WRITE IN THIS SPACE Zip\$3487 8. The above named early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstitling) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61,25 Trust Fund Contribution, Added to Fees (See criteria on back) ... Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 500008453345--9 -10/18/02--01078--004 NICOLAS CALEITO CR2E034B (12/01 TITLE President 10401 & Rogen Circle #3 STREET ADDRESS STREET ADDRESS ****150.00 ****150.00 ĊITY-ST-ZIP CHY-SI-ZP Soca Raton F 33487 *Treasurer TITLE TITLE Zoila Calello Gyol e Rogen Circle #3 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Buca Katon, Fr 33487 CITY-ST-ZIP MAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP... IN THIS SPACE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIF CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or on an attachment with an address, will

HILE

NAME:

STREET ADORESS

CITY-ST-7IP

SIGNATURE:

THE

NAME

STREET ADDRESS

CITY - ST- ZIP

1100005 Calello 10/11/02 561-994-



To Whom It May Concern:

Please be advised that our Corporation Jantrex Building Services, Inc. was never in receipt of the notice for the year 2002. I am forwarding the payment of \$150.00 and asking that you waive the reinstatement fees.

Thank you, Michelle Revo Office Manager

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