

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000035471

1. Entity Name

JANIAK TRANSMISSIONS, INC.

FILED

May 18, 2001 8:00 am
Secretary of State

05-18-2001 90003 040 ***150.00

Principal Place of Business

Mailing Address

1014 E PROSPECT RD
OAKLAND PARK FL 33334

1014 E PROSPECT RD
OAKLAND PARK FL 33334

2. Principal Place of Business

12320 170TH RD.
Suite, Apt. #, etc.

3. Mailing Address

12320 170TH RD.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jupiter FLA.
Zip 33478 Country U.S.A

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Zip 33478 Country U.S.A

4. FEI Number 65-0412053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JANIAK, PAUL V.
1014 E. PROSPECT ROAD
FT LAUDERDALE FL 33334

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JANIAK, PAUL 1014 E PROSPECT RD OAKLAND PARK FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JANIAK, KATHLEEN 1014 E PROSPECT RD OAKLAND PARK FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul V Janiak Pres. PAUL V JANIAK

4/28/01 1-561-748-1460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)