

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029686

1. Entity Name
JANET HASSAN ENTERPRISES, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90009 023 ***150.00

Principal Place of Business
2722 FOUNTAIN VIEW CIRCLE
201
NAPLES FL 34109
US

Mailing Address
2722 FOUNTAIN VIEW CIRCLE
201
NAPLES FL 34109
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5633 Cove Circle
Suite, Apt. #, etc.

3. Mailing Address
5633 Cove Circle
Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples

Zip
34119

Country
Collier

Zip
34119

Country
Collier

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HASSAN, JANET
2722 FOUNTAIN VIEW CIRCLE, #201
NAPLES FL 34109

7. Name and Address of New Registered Agent
Name Janet Hassan
Street Address (P.O. Box Number is Not Acceptable)
5633 Cove Circle
City Naples FL Zip Code 34119

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 *Janet M Hassan* 2/3/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HASSAN, RAYMOND 2722 FOUNTAIN VIEW CIRCLE, #201 NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HASSAN, JANET 2722 FOUNTAIN VIEW CIRCLE, #201 NAPLES FL	<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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Hassan, Raymond 5633 Cove Circle Naples, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Hassan, Janet 5633 Cove Circle Naples, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Janet M Hassan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/01 941-566-8190
Date Daytime Phone #

CR2E034 (10/00)