

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90177 049 ***150.00

DOCUMENT # P95000067946

1. Entity Name

JULIET & COMPANY, INC.

Principal Place of Business

2 S BISCAYNE BLVD
 2470
 MIAMI FL 33131
 US

Mailing Address

1 SE 3RD AVENUE, 27TH FLOOR
 MIAMI FL 33131-1715

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0632359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
 1 SE 3RD AVENUE, 27TH FLOOR
 MIAMI FL 33131

7. Name and Address of New Registered Agent

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 fee application

(NOTE: Registered Agent signature required when removing)

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, 2000 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-STATE-ZIP	☒ Delete
	D	RODDENBERRY, STEPHEN K	1 SE 3RD AVENUE, 27TH FLOOR	MIAMI FL 33131
	DPS	VALENTI, JOHN	2 S BISCAYNE BLVD STE 2470	MIAMI FL
	DT	DAVID, ROBERT	2 S BISCAYNE BLVD STE 2470	MIAMI FL
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☒ Change	☐ Addition
	D	VALENTI, JOHN	2 S BISCAYNE BLVD STE 2475	MIAMI FL 33131	
				☐ Change	☐ Addition
	DT	VALENTI, JOHN	2 S BISCAYNE BLVD STE 2475	MIAMI, FL	
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ 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 entities.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (8/99)