

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000037538**

1. Entity Name

**JAN-MAR & ASSOCIATES, INC.****FILED**  
**Sep 01, 2000 8:00 am**  
**Secretary of State**

09-01-2000 90061 014 \*\*\*150.00

Principal Place of Business

**6741 NW 27 WAY**  
**FT LAUDERDALE FL 33309**

Mailing Address

**6741 NW 27 WAY**  
**FT LAUDERDALE FL 33309**

00083082

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**65-0672852**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DIALEXANDER, MARTIN C**  
**6741 NW 27 WAY**  
**FT LAUDERDALE FL 33309**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DIALEXANDER, JANICE</b>	
STREET ADDRESS	<b>6741 NW 27 WAY</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DIALEXANDER, MARTIN</b>	
STREET ADDRESS	<b>6741 NW 27 WAY</b>	
CITY-ST-ZIP	<b>FT LAUD FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MARTIN DIALEXANDER** 8/25/00 971-6741 (954)

Jan-Mar & Associates  
6741 N.W. 27 Way  
Fort Lauderdale, FL 33309

00083082

August 24, 2000

To whom it may Concern,

I usually paid my annual corporate report in April however I had not received one this year. In fact the report I was given was hand delivered by a neighbor who lives (2) blocks from my residence.

I am not saying that the State Department mailed it to the wrong address but it more than likely was delivered somewhere else.

Please except my apology for my late payment of \$150.00 for Jan-Mar & Associates and hopefully our U.S. Postal Service will make the proper delivery of mail to the correct address.

If there are any discrepancies in the amount please notify.

Sincerely,

A handwritten signature in black ink, appearing to read 'Marty DiAlexander', with a long horizontal line extending to the right.

Marty DiAlexander V.P.