

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054249

1. Entity Name

JANATA, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90118 026 ***150.00

Principal Place of Business

Mailing Address

1603 S MISSOURI AVE
CLEARWATER FL 34616
US

1603 S MISSOURI AVE
CLEARWATER FL 34616
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0677629

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

MARAS, ANDRE
6649 SOMERSET DR
203
BOCA RATON FL 33433

Name MARAIS, ANDRE

Street Address (P.O. Box Number is Not Acceptable)
600 VIA LUGANO CIR.

#207

City BOYNTON BEACH

FL

Zip Code 33436

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

Andre Marais

3-31-00

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MIRZA, ZAKIA
STREET ADDRESS 6821 NW 24TH ST
CITY-ST-ZIP SUNRISE FL 33313

TITLE D ☒ Change ☐ Addition
NAME MIRZA, ZAKIA
STREET ADDRESS 1603 S. MISSOURI AVE
CITY-ST-ZIP CLEARWATER FL 34616

TITLE D ☐ Delete
NAME HOSSAIN, MONTAZ
STREET ADDRESS 6821 NW 24TH ST
CITY-ST-ZIP SUNRISE FL 33313

TITLE D ☒ Change ☐ Addition
NAME HOSSAIN MONTAZ
STREET ADDRESS 1603 S. MISSOURI AVE
CITY-ST-ZIP CLEARWATER FL 34616

TITLE D ☐ Delete
NAME MAMUN, MIRZA A
STREET ADDRESS 6821 NW 24TH ST
CITY-ST-ZIP SUNRISE FL 33313

TITLE D ☒ Change ☐ Addition
NAME MAMUN, MIRZA AL
STREET ADDRESS 1603 S. MISSOURI AVE
CITY-ST-ZIP CLEARWATER FL 34616

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Montaz Hossain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/00 (727) 586-6133

Date

Daytime Phone #

CR2E034 (9/99)