

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054249

1. Entity Name

JANATA, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90340 039 ***150.00

Principal Place of Business

1603 S MISSOURI AVE
CLEARWATER FL 34616
US

Mailing Address

1603 S MISSOURI AVE
CLEARWATER FL 34616
US

2. Principal Place of Business

1760 MISSOURI AVE N

3. Mailing Address

1760 MISSOURI AVE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

LARGO, FL

4. FEI Number

65-0677629

Applied For

Not Applicable

Zip

33770-1854

Country

Zip

33770-1854

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARAI, ANDRE
600 VIA LUGANO CIRCLE
207
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name

HOSSAIN, MOMTAZ

Street Address (P.O. Box Number is Not Acceptable)

1760 MISSOURI AVE N

City

LARGO

FL

Zip Code

33770-1854

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

Z. Mirza

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

(NOTE: Registered Agent signature required when reinstating)

4/22/01

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	D <input type="checkbox"/> Delete
NAME	MIRZA, ZAKIA
STREET ADDRESS	1603 S MISSOURI AVE
CITY-ST-ZIP	CLEARWATER FL 34616
TITLE	D <input type="checkbox"/> Delete
NAME	HOSSAIN, MOMTAZ
STREET ADDRESS	1603 S MISSOURI AVE
CITY-ST-ZIP	CLEARWATER FL 34616
TITLE	D <input type="checkbox"/> Delete
NAME	MAMUN, MIRZA A
STREET ADDRESS	1603 S MISSOURI AVENUE
CITY-ST-ZIP	CLEARWATER FL 34616
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1760 MISSOURI AVE N
CITY-ST-ZIP	LARGO, FL 33770-1854
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1760 MISSOURI AVE N
CITY-ST-ZIP	LARGO, FL 33770-1854
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1760 MISSOURI AVE N
CITY-ST-ZIP	LARGO, FL 33770-1854
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	
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:

Z. Mirza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01

Date

Daytime Phone #

CR2E034 (10/00)