

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095340

1. Entity Name

JANUS INTERNATIONAL INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90084 022 ***150.00

Principal Place of Business

195 SW 15TH RD SUITE #502
MIAMI FL 33129

Mailing Address

195 SW 15TH RD SUITE #502
MIAMI FL 33129-1150

2. Principal Place of Business

175 SE 25 Rd

3. Mailing Address

175 SE 25 Rd

Suite, Apt. #, etc.

Apt. 4-D

Suite, Apt. #, etc.

Apt. 4-D

City & State
Miami FL

City & State
Miami FL

4. FEI Number

65-0722393

Applied For

Not Applicable

Zip
33129

Country

Zip
33129

Country

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

RAUZIN, JANICE I
195 SW 15TH RD SUITE #502
MIAMI FL 33129

Name

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

175 SE 25 Rd

Apt. 4-D

City
Miami

FL

Zip Code
33129

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

James I. Rauzin

Janice I. Rauzin

4/18/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PTSD RAUZIN, JANICE I 195 SW 15TH RD SUITE #502 MIAMI FL 33129	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
175 SE 25 Rd, Apt. 4-D Miami FL 33129	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<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:

Janice I. Rauzin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice I. Rauzin

Date

4/18/00

Daytime Phone #

305
856-9089

CR2E034 (9/99)