FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 01, 2002 8:00 am Secretary of State P96000095340 DOCUMENT # 1. Entity Name 05-01-2002 91580 043 ***150.00 JANUS INTERNATIONAL INC. Principal Place of Business Mailing Address 175 SE 25 ROAD 175 SE 25 ROAD APT 4-D APT 4-D MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address 651 Okeechobee Blvd. 651 Okeechobee Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE T - 402T = 402City & State City & State 4. FEI Number Applied For 65-0722393 West Palm Beach Not Applicable West Palm Beach \$8.75 Additional 5. Certificate of Status Desired 33401 33401 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAUZIN, JANICE I Street Address (P.O. Box Number is Not Acceptable) 651 Okeechobee Blvd. #T-402 175 SE 25 RD APT 4-D **MIAMI FL 33129** Zip Code West Palm Beach 3340. 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) PTSD TITLE ☐ Delete TITLE RAUZIN, JANICE I 651 Okeechobee Blvd. STREET ADDRESS #T-402 175 SE 25 RD APT 4-D STREET ADDRESS **MIAMI FL 33129** West Palm Beach, FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ے۔ _ _ _ Addition _ TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attackment with an address, with all other like empowered.

Janice I.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

Rauzin

561-659-4434

Daytime Phone #