

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 27, 2001 8:00 am
Secretary of State**

02-27-2001 90353 041 ***150.00

DOCUMENT # P97000035837**1. Entity Name
JANEXIS CORPORATION****Principal Place of Business
15455 WEST DIXIE HIGHWAY, SUITE I
NORTH MIAMI BEACH FL 33162****Mailing Address
15455 WEST DIXIE HIGHWAY, SUITE I
NORTH MIAMI BEACH FL 33162****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0740913

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****COOPER, MATTHEW
15455 WEST DIXIE HIGHWAY, SUITE I
NORTH MIAMI BEACH FL 33162**

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 \$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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE PD** ☐ Delete
NAME COOPER, MATTHEW
STREET ADDRESS 10000 W. BAY HARBOR DRIVE #303
CITY-ST-ZIP BAY HARBOR FL 33154☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE STD** ☐ Delete
NAME GOLDSTEIN, STEPHEN B
STREET ADDRESS 2051 N.E. 214 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
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CITY-ST-ZIP☐ Change ☐ Addition
TITLE
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

MATTHEW COOPER

Date

1/18/01

Daytime Phone #

305 940 4141

CR2E034 (10/00)