

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000073399**
 1. Entity Name
Jeannie's Place, INC. ✓

FILED
May 24, 2000 8:00 am
Secretary of State
 05-24-2000 90195 022 ***150.00

Principal Place of Business Mailing Address
4356 West 10th Ave. **4356 West 10th Ave.**
Hialeah, FL 33012 **Hialeah, FL 33012**

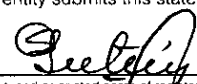
2. Principal Place of Business 3. Mailing Address
4356 West 10th Ave **4356 West 10th Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Hialeah FL **Hialeah FL**
 Zip Zip
33012 **33012**

4. FEI Number Applied For
65-0775875 ☐ Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Sila Luis
4356 West 10th Ave.
Hialeah, FL 33012

7. Name and Address of New Registered Agent
 Name **Sila Luis**
 Street Address (P.O. Box Number is Not Acceptable)
4356 West 10th Ave.
 City **Hialeah** **FL** Zip Code **33012**

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  DATE **4-28-00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP/Sec/Treasurer - Sila Luis 4356 West 10th Ave. Hialeah, FL 33012	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP/Sec/Treasurer - Sila Luis 4356 West 10th Ave. Hialeah, FL 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:  DATE **4-28-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)