

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90225 022 ***150.00

DOCUMENT # P97000103109

1. Entity Name
JANELS MARKETING INC.



Principal Place of Business
740 NORTHEAST 182ND STREET
NORTH MIAMI BEACH FL 33162

Mailing Address
740 NORTHEAST 182ND STREET
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

BB11 CLEARY
Suite, Apt. #, etc.

3. Mailing Address

BB11 CLEARY
Suite, Apt. #, etc.

City & State
PLANTATION FL

City & State
PLANTATION FL

4. FEI Number **58-2365737**

Applied For
Not Applicable

Zip **33324** **Country** **USA**

Zip **33324** **Country** **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEMPLER, PAUL
740 NORTHEAST 182ND STREET
NORTH MIAMI BEACH FL 33162

Name
BB11 CLEARY
Street Address (P.O. Box Number is not acceptable)
City **PLANTATION** **FL** **Zip** **33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TEMPLER, PAUL 740 NORTHEAST 182ND STREET NORTH MIAMI BEACH FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD TEMPLER, RITA 740 NE 182ND STREET NORTH MIAMI BEACH FL 33162	<input checked="" 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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with other like empowered.

SIGNATURE **TEMPLER, PAUL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05 9544249965
Daytime Phone #

CR2E034 (10/02)