2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P98000001357** 1. Entity Name JANTREX EAST, INC. 4-27-2001 90353 026 ***150.00 Principal Place of Business Mailing Address 6401 EAST ROGERS CIRCLE 6401 EAST ROGERS CIRCLE BOCA RATON FL 33431 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0802685 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALELLO, NICHOLAS J Street Address (P.O. Box Number is Not Acceptable) 6401 E. ROGERS CIR STE 3 **BOCA RATON FL 33487** City 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, typed or printee name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PVD TITLE ☐ Delete TITLE ☐ Change ■ Addition CALELLO, NICHOLAS J NAME NAME STREET ADDRESS STREET ADDRESS 6401 EAST ROGERS CIRCLE CITY-SI-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition CALELLO, ZOILA NAME NAME STREET ADDRESS 6401 EAST ROGERS CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 TITLE ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Defete ☐ Change

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 of the corporation or the receiver or trustale empowers and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directo to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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changed, or on an attachmer other like empowered

NAME

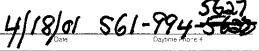
TITLE

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CITY-ST-ZIP

☐ Delete



Addition