

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028940

1. Entity Name

JEANNIE INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90024 045 ***150.00

Principal Place of Business

Mailing Address

2919 E COMMERICAL BLVD STE A
 FT LAUDERDALE FL 33308

2919 E COMMERICAL BLVD STE A
 FT LAUDERDALE FL 33308-4207



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2800 E. Commercial Blvd
 Suite, Apt. #, etc. Ste 208

2800 E. Commercial Blvd
 Suite, Apt. #, etc. Ste 208

City & State
 Ft. Lauderdale

City & State
 Ft. Lauderdale

Zip
 33308

Zip
 33308

4. FEI Number 65-0826555

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

KATZ, ALLEN H
 2919 E COMMERICAL BLVD STE A
 FT LAUDERDALE FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

2800 E. Commercial Blvd
 Ste 208
 Ft. Lauderdale FL 33308

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME HAUSANIRTH, RUTH G
 STREET ADDRESS 4335 N OCEAN DR
 CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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

Date

Daytime Phone #

CR2E034 (9/99)