

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102784

1. Entity Name

JANRO INVESTMENTS, INC.

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90166 018 ***158.75

Principal Place of Business

Mailing Address

~~G/O ROBERT HENRY SILVERS CPA~~
~~1140 KANE CONCOURSE 5TH FLOOR~~
~~BAY HARBOR ISLANDS FL 33154~~

~~G/O ROBERT HENRY SILVERS CPA~~
~~1140 KANE CONCOURSE 5TH FLOOR~~
~~BAY HARBOR ISLANDS FL 33154~~

2. Principal Place of Business

3. Mailing Address

801 MAPLEWOOD DRIVE

801 MAPLEWOOD DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 14

SUITE 14

City & State

City & State

JUPITER, FL

JUPITER, FL

Zip

Country

Zip

Country

33458

33458

4. FEI Number 65-0881479

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JEROME SILVERS

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

801 MAPLEWOOD DRIVE

SUITE 14

City

JUPITER

FL

Zip Code

33458

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 ☒ Delete
NAME SILVERS, JEROME
STREET ADDRESS ~~1140 KANE CONCOURSE 5TH FL~~
CITY-ST-ZIP ~~BAY HARBOR ISLANDS FL 33154~~

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS 801 Maplewood Dr, #14
CITY-ST-ZIP Jupiter, FL 33458

TITLE ☒ Delete
NAME SILVERS, ROBIN
STREET ADDRESS ~~1140 KANE CONCOURSE 5TH FL~~
CITY-ST-ZIP ~~BAY HARBOR ISLANDS FL 33154~~

TITLE ☒ Change ☐ Addition
NAME T
STREET ADDRESS "
CITY-ST-ZIP "

TITLE ☒ Delete
NAME VINSON, PATRICK
STREET ADDRESS ~~1140 KANE CONCOURSE 5TH FL~~
CITY-ST-ZIP ~~BAY HARBOR ISLANDS FL 33154~~

TITLE ☒ Change ☐ Addition
NAME VP
STREET ADDRESS "
CITY-ST-ZIP "

TITLE ☒ Delete
NAME VINSON, JANICE
STREET ADDRESS ~~1140 KANE CONCOURSE 5TH FL~~
CITY-ST-ZIP ~~BAY HARBOR ISLANDS FL 33154~~

TITLE ☒ Change ☐ Addition
NAME S
STREET ADDRESS 4
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

Jerome Silvers

1-17-01

Date

561 743 3004

Daytime Phone #

CR2E034 (10/00)