

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90347 018 ***158.75

0165087 AV

DOCUMENT # P990000004744

1. Entity Name
JANS ENTERPRISES OF DADE COUNTY, INC.



Principal Place of Business
**8790 NW 3RD ST.
PEMBROKE PINES FL 33024**

Mailing Address
**8790 NW 3RD ST.
PEMBROKE PINES FL 33024**

2. Principal Place of Business
16710 SW 14 STREET
Suite, Apt. #, etc.

3. Mailing Address
16710 SW 14 STREET
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
PEMBROKE PINES, FL
Zip
33027
Country
USA

City & State
PEMBROKE PINES, FL
Zip
33027
Country
USA

4. FEI Number
65-0894581

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMEERALLY, FEROZUL
8790 NW 3RD ST.
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name
AMEERALLY, FEROZUL
Street Address (P.O. Box Number is Not Acceptable)
16710 SW 14 STREET
City
PEMBROKE PINES FL Zip Code
33027

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]* **FEROZUL AMEERALLY - PRESIDENT** **4/14/03**
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
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST AMEERALLY, AHALLEZA 8790 NW 3RD ST. PEMBROKE PINES FL 33024	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMEERALLY, SHALLEZA 8790 NW 3RD ST. PEMBROKE PINES FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMEERALLY, AADIL 8790 NW 3RD ST. PEMBROKE PINES FL 33024	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. FEROZUL AMEERALLY 16710 SW 14 STREET PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMEERALLY, SHALLEZA 16710 SW 14 STREET PEMBROKE PINES, FL, 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMEERALLY, AADIL 16710 SW 14 STREET PEMBROKE PINES, FL, 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AMEERALLY, FADIL 16710 SW 14 STREET PEMBROKE PINES, FL 33027	<input type="checkbox"/> Change <input checked="" 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

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 all other like empowered.

SIGNATURE: *[Signature]* **FEROZUL AMEERALLY, PRESIDENT** **4/14/03** **305-376-3190**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)