

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

RECEIVED MAY 03 2005

DOCUMENT # 099000022103

1. Entity Name

JANUAR & ASSOCIATES, LLC

FILED
05 APR 29 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

614 STRINNL LOOP

Suite, Apt. #, etc.

3. Mailing Address

SMK

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAKLAND FLORIDA

City & State

4. FEI Number

59-3525871

Applied For

Not Applicable

Zip

34787

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LYNN WASHINGTON

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

701 BRICKELL AVENUE

SUITE 2800

City

MIAMI

FL

Zip Code

33131

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]

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

APRIL 28 2005

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JONES G MORRIS JR PRESIDENT 614 STRINNL LOOP DAKLAND FLORIDA 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200054018962 05/06/05--01075--009 **150.00
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 28 2005

Date

407 353-5958

Daytime Phone #

CR2E034B (12/01)