2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000029570

1. Entity Name J.A.N. FOODS, INC.



FILED
Apr 16, 2003 8:00 am § Secretary of State
04-16-2003 90112 018 ***150.00

Principal Place of Business 11403 SOUTH DIXIE HIGHWAY PINECREST FL 33156		Mailing Address 13341 SOUTHWEST 107TH AVENUE MIAMI FL 33176		10074283	
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2. Principal Place of Business		3. Mailing Address			IRIAN AINAN ININI ANINI INANI MENI BENE
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & Stat	е	City & State	FL	4. FEI Number 65-0908023	Applied For Not Applicable
Zip	Country	2.Zip	Country SA ===	5. Certificate of Status Desired	\$8.75 Additional
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PARLADE, ALBERTO J ESQ. 7050 SW 86TH AVE		Name Street Address II		SUS VAZQUEZ PO BOX Number is Not Acceptable) O STRET	
MIAMI FL 33143					
	••••		City (iami	FL Zip Code 86
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, typed or printed name of registered depth 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 D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11
	PSTD VAZQUEZ, JESUS	☐ Delete	TITLE NAME	•	Change 🗀 Addition
	13341 SOUTHWEST 107TH AVENUMIAMI FL 33176	JE	STREET ADDRESS CITY-ST-ZIP		•
TITLE : .		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	**		NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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12. I hereby o	certify that the information supplied with t	his filing does not qualify for th	e exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I furthe	r 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 cirector 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: _

COZRED