

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2001 8:00 am
Secretary of State

05-23-2001 91153 002 ***150.00

DOCUMENT # P99000087855

1. Entity Name

JANIS DESIGN & BUILD, INC

Principal Place of Business

Mailing Address

18681 OCEAN MIST DR.
BOCA RATON, FL. 33498

2. Principal Place of Business

3. Mailing Address

608 N. DIXIE HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAJANANA, FL.

4. FEI Number

65-0965588

Applied For

Not Applicable

Zip

Country

Zip

Country

33462

USA

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

Name

JANIS, RONALD

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

608 N. DIXIE HWY

City

LAJANANA

FL

Zip Code

33462

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

RONALD JANIS PRES

4/27/01 561 5408977

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 DPST
NAME JANIS, RONALD
STREET ADDRESS 18681 OCEAN MIST DR.
CITY-ST-ZIP BOCA RATON, FL. 33498 ☐ Delete

TITLE DPST
NAME JANIS, RONALD
STREET ADDRESS 608 N. DIXIE HWY
CITY-ST-ZIP LAJANANA, FL. 33462 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

3. 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

RONALD JANIS PRES

Date

4/27/01

Daytime Phone #

561 5408977