

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
 05-02-2001 90224 022 \*\*\*150.00

**DOCUMENT # S05818**

1. Entity Name

**JANETTE'S OF NEW YORK INTERNATIONAL FASHION INC.**

Principal Place of Business

7320 NW 85 CT  
 BLDG 8203  
 TAMARAC FL 33321  
 US

Mailing Address

7320 NW 85 CT.  
 BLDG 8203  
 TAMARAC FL 33321  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0234108**

Applied For

Not Applicable

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

**ALLEN, ERIC R.  
 633 NE 167 ST  
 SUITE 701  
 N. MIAMI FL 33162**

Name

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

City

**FL**

Zip Code

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 **D** ☐ Delete  
 NAME **ANDERSON, JANET**  
 STREET ADDRESS **7320 N.W 85 CT.**  
 CITY-ST-ZIP **TAMARAC FL**

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

TITLE **D** ☐ Delete  
 NAME **ALLEN, ERIC R.**  
 STREET ADDRESS **633 NE 167 ST., SUITE 701**  
 CITY-ST-ZIP **N. MIAMI FL 33162**

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

TITLE **D** ☐ Delete  
 NAME **BERN, BARBARA**  
 STREET ADDRESS **60 WASHINGTON AVENUE**  
 CITY-ST-ZIP **LAWRENCE NY**

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

TITLE **D** ☐ Delete  
 NAME **HALES, J.**  
 STREET ADDRESS **60 WASHINGTON AVENUE**  
 CITY-ST-ZIP **LAWRENCE NY**

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

TITLE **VP** ☒ Delete  
 NAME **~~BAKER, RICHARD~~**  
 STREET ADDRESS **7320 NW 85TH FCT. BLDG 8203**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Change ☒ Addition  
 NAME **Sharon Potts**  
 STREET ADDRESS **11950 NW 4th ct**  
 CITY-ST-ZIP **Plantation 33325**

TITLE ☐ Delete ☒ Addition  
 NAME **Phillip Gordon**  
 STREET ADDRESS **11950 NW 4th ct**  
 CITY-ST-ZIP **Plantation 33325**

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]*

**Janet Anderson President CEO**

**4/20/2001 9547223960**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)