

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90045 006 \*\*\*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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ANDERSON, JANET	7320 N.W 85 CT.	TAMARAC FL	<input type="checkbox"/>
D	ALLEN, ERIC R.	633 NE 167 ST., SUITE 701	N. MIAMI FL 33162	<input type="checkbox"/>
D	BERN, BARBARA	60 WASHINGTON AVENUE	LAWRENCE NY	<input type="checkbox"/>
D	HALES, J.	60 WASHINGTON AVENUE	LAWRENCE NY	<input type="checkbox"/>
VP	POTTS, SHARON	11950 NW 4TH CRT	PLANTATION FL 33325	<input type="checkbox"/>
D	GORDON, PHILLIP	11950 NW 4TH CRT	PLANTATION FL 33325	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/01)

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:** *Dr. D. L. Janet Anderson Director*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/18/02 954-722-3960*

Date

Daytime Phone #