

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90015 021 ***150.00

0464550 AV

DOCUMENT # S51966

1. Entity Name

JANEE'S PAPER PLACE & GIFTS, INC.

Principal Place of Business

**9021 OAKHURST RD
 SEMINOLE FL 33766
 US**

Mailing Address

**9021 OAKHURST RD
 SEMINOLE FL 33776
 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

59-3119394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAIMI, RENEE
 212 COE ROAD
 BELLEAIR FL 34616**

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	DP	<input type="checkbox"/> Delete
NAME	RAIMI, RENEE	
STREET ADDRESS	212 COE ROAD	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAIMI, DENISE	
STREET ADDRESS	595 MAIN STREET, #704	
CITY-ST-ZIP	ROSEVELT ISLAND NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAIMI, JENNIFER	
STREET ADDRESS	212 COE ROAD	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAIMI, MANUEL	
STREET ADDRESS	212 COE ROAD	
CITY-ST-ZIP	BELLEAIR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Renee Raimi Renee RAIMI

Date

3/30/02

Daytime Phone #

727/595-3496

CR2E034 (9/01)