

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90142 009 ****70.00

DOCUMENT # N02000006562

1. Entity Name
REJOYCE INC.



Principal Place of Business
**6532 FLETCHER ST
HOLLYWOOD FL 33023**

Mailing Address
**6532 FLETCHER ST
HOLLYWOOD FL 33023**

20001071



☐ CHECK HERE IF MAKING CHANGES

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

03-0489483

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

**FABIO, HERBERT
9010 SW 137 AVE
MIAMI FL 33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **FERGUSON, JOYCE**
STREET ADDRESS **6532 FLETCHER ST**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

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

TITLE **DS** ☐ Delete
NAME **FERGUSON, CLEVEION JR**
STREET ADDRESS **6532 FLETCHER ST**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

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

TITLE **DT** ☐ Delete
NAME **NASH, MILDRED**
STREET ADDRESS **14214 NE 3 CT ST**
CITY-ST-ZIP **N MIAMI BCH FL 33161**

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

TITLE **D** ☐ Delete
NAME **HARRIS, JEANNETTA**
STREET ADDRESS **5509 NW MIAMI CT APT 3**
CITY-ST-ZIP **MIAMI FL 33127**

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

TITLE **D** ☐ Delete
NAME **CAMPBELL, JULIE**
STREET ADDRESS **18430 NW 5 AVE**
CITY-ST-ZIP **MIAMI FL 33169**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, 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: Cleveion Ferguson Jr **RECIEVEION FERGUSON JR**

1/4/03 954-985-3896

CR2E037 (10/02)