

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90180 045 \*\*\*150.00

**DOCUMENT # P00000103394**

1. Entity Name  
**EL JOY TOURS, INC.**

Principal Place of Business  
**3300 PINEWALK DRIVE N #1915  
 MARGATE FL 33063**

Mailing Address  
**3300 PINEWALK DRIVE N #1915  
 MARGATE FL 33063**

**C0034256**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-1054321**

Applied For  
 Not Applicable

Zip Country

Zip Country

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**

~~WEISS, BERNARD  
 3300 PINEWALK DRIVE N #1915  
 MARGATE FL 33063~~

Name  
**LAURIE J WEISS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3300 PINEWALK DRIVE N #1915**  
 City **MARGATE** FL Zip Code **33063-7843**

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 *Laurie J. Weiss*  
Signature, typed or printed name of registered agent and title if applicable.

**3-5-01**  
DATE

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	PD	<input type="checkbox"/> Delete
NAME	WEISS, LAURIE J	
STREET ADDRESS	3300 PINEWALK DRIVE N #1915	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEISS, BERNARD	
STREET ADDRESS	2226 SEAGRAPE CIRCLE	
CITY-ST-ZIP	COCONUT CREEK FL 33065	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEISS, ROZALIND	
STREET ADDRESS	2226 SEAGRAPE CIRCLE	
CITY-ST-ZIP	COCONUT CREEK FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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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: *Laurie J. Weiss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-5-01**  
Date

Daytime Phone #

CR2E094 (10/00)