

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 11 PH 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400008387024

10/16/02--01001--022 **70.00

DO NOT WRITE IN THIS SPACE

DOCUMENT #

1. Entity Name

JOEV, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

932-934 N.E. 62nd St

3. Mailing Address

932-934 N.E. 62nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OAKLAND PARK, FL.

City & State

OAKLAND PARK, FL.

Zip

30291

Country

Zip

30291

Country

4. FEI Number

65-0741688

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$9.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ERNEST T. SIEGRIST

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

1585 COVE LAKE ROAD

City

N. LAUDERDALE

FL

Zip Code

33068

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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 changing)

10-7-02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERNEST T. SIEGRIST (P) 1585 COVE LAKE RD N. LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IRINA B. SIEGRIST (S) 1585 COVE LAKE RD N. LAUDERDALE, FL 33068
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-7-02

Date

Daytime Phone #

(954) 415-1566