

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90074 010 ***150.00

0247295

DOCUMENT # 292359

1. Entity Name

JOEL FOX, INC.

Principal Place of Business

**3101 NE 43RD STREET
 FORT LAUDERDALE FL 33308**

Mailing Address

**3101 NE 43RD STREET
 FORT LAUDERDALE FL 33308**

930891



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1094877

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FOX,JOEL
 3101 NE 43RD ST
 FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

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, 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

TITLE: PD
 NAME: FOX,JOEL
 STREET ADDRESS: 3101 NE 43RD ST
 CITY-ST-ZIP: FORT LAUDERDALE FL 33308 Delete

TITLE: SD
 NAME: FOX,C
 STREET ADDRESS: 3101 NE 43RD ST
 CITY-ST-ZIP: FORT LAUDERDALE FL 33308 Delete

TITLE: Delete

TITLE: Delete

TITLE: Delete

TITLE: Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition

TITLE: Change Addition

TITLE: Change Addition

TITLE: Change Addition

TITLE: Change Addition

TITLE: Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joel Fox **JOEL FOX PRESIDENT** 3-9-01 954-565-0497

CR2E034 (10/00)