

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 477568

1. Entity Name
JO-JOEL, INC.FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90360 039 ***150.00

Principal Place of Business

6270 NW 37TH AVE.
MIAMI FL 33147

Mailing Address

6270 NW 37TH AVE.
MIAMI FL 33147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1608100

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ABECASSIS, JASON
6270 NW 37 AVE.
MIAMI FL 33147

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 State10. 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
NAME ABECASSIS, HUGO
STREET ADDRESS 2420 NE 197 ST
CITY-ST-ZIP N MIAMI BCH. FL ☐ DeleteTITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIPTITLE VP
NAME ABECASSIS, JASON
STREET ADDRESS 3815 S.E. 187 AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ DeleteTITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIPTITLE C
NAME ABECASSIS, JOEL
STREET ADDRESS 1504 N.W. 182 AVE.
CITY-ST-ZIP PEMBROKE PINES FL ☐ DeleteTITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-02

305-835-2280

CR2E034 (9/01)