## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # 657079** Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** AMY JOY, INC. 01-24-2000 90017 039 \*\*\*150.00 Principal Place of Business Mailing Address 6181 DEAGON DRIVE 7121 Rainforst On 6131 DEACON DRIVE - 7/21 Aninforest Or WINDMERE FL 34786 8007. BOCK Parton, F1. 33439 WINDMERE FL 04706 BOCA Raton, F4 33434 3. Mailing Address 2. Principal Place of Business 7121 Rainforest Or 7121 Rainforest DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1976987 Bora Raton, t Not Applicable Zip 3 3 4 3 4 \$8.75 Additional 33434 5. Certificate of Status Desired Palm Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLDFARB, MURRAY Street Address (P.O. Box Number is Not Acceptable) 7121 Rainforest Dr. 6131 DEAGON DRIVE WINDMERE FL 34788- BOCO Roton Fl. 33434 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete GOLDFARB, MURRAY NAME NAME 7121 Rainforest Or 9131 DEACON DRIVE STREET ADDRESS STREET ADDRESS Boro Roton, Pl. 33434 CITY-ST-ZIP CITY-ST-ZIP WINDMERE FL 34786 ☐ Change ☐ Addition TITLE \_\_\_\_Delete GOLDFARB, DAVID NAME STREET ADDRESS 650 WEST AVE. APT. 1205 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP Change \* ☐ Addition TITLE ☐ Delete TITLE GOLDFARB, WILLIAM NAME NAME 7121 Rainforest Or. Bora Raton, Fl. 33431 6131-DEACON DRIVE STREET ADDRESS STREET ADDRESS WINDMERE FL 34786 CITY-ST-ZIP CITY-ST-ZIP Addition Delete Change TITI F TITLE GOLDFARB, JONATHON NAME NAME 7121 Rainforest Dr. Boca Raton, FT. 33434 6131 DEACON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINDMERE FL 34786 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR