

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0378574 AV

DOCUMENT # 657079

1. Entity Name
AMY JOY, INC.

03-13-2002 90019 012 ***150.00

Principal Place of Business
**7121 RAINFOREST DR
BOCA RATON FL 33434
US**

Mailing Address
**7121 RAINFOREST DR
BOCA RATON FL 33434
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20725 NE 16th Ave.

3. Mailing Address
20725 NE 16th Ave.

Suite, Apt. #, etc.
A-24

Suite, Apt. #, etc.
A-24

City & State
NMB, FL

City & State
NMB, FL

4. FEI Number **59-1976987**

Applied For
Not Applicable

Zip
33179

Country
USA

Zip
33179

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GOLDFARB, MURRAY
7121 RAINFOREST DR.
BOCA RATON FL 33434**

7. Name and Address of New Registered Agent

Name **David Goldfarb**
Street Address (P.O. Box Number is Not Acceptable)
20725 NE 16th Avenue
A-24
City **North Miami Bch FL** Zip Code **33179**

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 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	P GOLDFARB, MURRAY 7121 RAINFOREST DR. BOCA RATON FL 33434	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLDFARB, WILLIAM 7121 RAINFOREST DR BOCA RATON FL 33434	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDFARB, JONATHON 7121 RAINFOREST DR. BOCA RATON FL 33434	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP David Goldfarb 20725 NE 16th Ave A-24 NMB, FL 33179	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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:

David Goldfarb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02

Date

Daytime Phone #

CR2E034 (9/01)