2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## F00000001801

**DOCUMENT #** 

1. Entity Name J & C FOX FAMILY CORP.



**FILED** Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90111 041 \*\*\*150.00



Principal Place of 4220 NE 25TH AV FORT LAUDERDA		4220 I	Mailing Address 4220 NE 25TH AVE FORT LAUDERDALE FL 33308-5707								
2. Principal Plac	ce of Business	3. Mail	ing Address	-	<u></u>	7	I INDIANA IIKI DOKU AAKU BAKK ABKI BATU	<b>                                    </b>			
Suite, Apt. #,	etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
Juite, Apr. 11,						4 5	A FELAL makes				
City & State		City	City & State			THE PROPERTY OF THE PROPERTY O			Applicable		
Zip	Country	, Zip	Zip		Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name and Addi	ess of Current Registere	d Agent			7. N	ame and Address of New Regis	ered A	gent		
			22 - 22	، د مجمعی	Name			·			
FOX, JOEL			Street Address			(P.O. Box Number is Not Acceptable)					
4220 NE 25		x 5707				<del></del>					
FORT LAUD	ERDALE FL 33308	-5/0/			City			FL	Zip Code	,	
					1	arad aca	int, or both, in the State of Florida		l miliar with. a	and accept	
8. The above n the obligatio	amed entity submits ns of registered ager	this statement for the purp nt.	ose of changing its	s registeri		ered age	nt, or both, in the State of Florida.		,	,	
SIGNATURE -	ignature, typed or printed nar	me of registered agent and title if app	oficable. (NOT	TE: Registere	d Agent signature requi	red when rei	nstating)	DATE			
After I	E NOW!!! FEE I	S \$150.00 vill be \$550.00 Department of State				-	Election Campaign Financi     Trust Fund Contribution.	ng 🗆		May Be to Fees	
10.		OFFICERS AND DIRECTO	DRS	11.		AD	DITIONS/CHANGES TO OFFICER	S AND	DIRECTORS		
TITLE	PDT		☐ Delete	TITL	1				☐ Change	Addition	
	FOX, JOEL S	<b>-</b>		NAM STR	ie Eet address						
STREET ADDRESS CITY-ST-ZIP	4220 NE 25TH AV FORT LAUDERDAL	E FL 33308-5707			'-ST-ZIP						
	VSD		☐ Delete	TITL	E				☐ Change	☐ Addition	
	FOX, CAMILLE L	_		NAM	ieet address					ļ	
	4220 NE 25TH AV FORT LAUDERDAI				-ST-ZIP						
TITLE	FURI LAUDERDAI	£ 1 £ 33300-0707	Delete	TITL	E				Change	Addition	
NAME				NAM	l l		مستوق درار المنا	تاحمصنيوس			
STREET ADDRESS			بيه دريسيسين در منها در		eet address =   ===== Y-st-zip						
CITY-ST-ZIP	<del></del>	·	Delete	TITI	<del></del>				☐ Change	Addition	
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STREET ADDRESS					EET ADDRESS		1				
CITY-ST-ZIP				CIT	Y-ST-ZIP					Addition	
TITLE	•		☐ Delete	TIT	1				Change	☐ Addition	
NAME	,			NA STE	ME REET ADDRESS						
STREET ADDRESS  CITY-ST-ZIP	***				Y-ST-ZIP						
<del></del>			☐ Delete	TIT	LE				☐ Change	Addition	
TITLE NAME				1	ME						
STREET ADDRESS				ST	REET ADDRESS						
CITY-ST-ZIP					Y-ST-ZIP						
12. I hereby c	ertify that the informa	ation supplied with this filin	g does not qualify t	for the ex	emption stated in	Section	119.07(3)(i), Florida Statutes. I fullegal effect as if made under oath	rther cer n; that I a	tify that the am an office	information r or director	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer of 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**