

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 ar
Secretary of State

05-03-2000 90064 024 ***150.00

DOCUMENT # H82313

Entity Name
JOY F. ANGELLA, P.A.

Principal Place of Business Mailing Address
HANCOCK RD 6441 HANCOCK RD
FT. LAUDERDALE FL 33330-3441 FT. LAUDERDALE FL 33330-3441
US

Principal Place of Business 3. Mailing Address
528 N LUNA COURT 528 N LUNA COURT
 Suite, Apt. #, etc. Suite, Apt. #, etc.

County & State City & State 4. FEI Number
Hollywood, FL Hollywood, FL 65-0189630
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ANGELLA, TONY
6441 HANCOCK ROAD
FT LAUDERDALE FL 33330

7. Name and Address of New Registered Agent
 -Name*
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Tony Angella *Tony Angella* *4/24/00*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Corporation is eligible to satisfy its Intangible filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ZIP	PST ANGELLA, TONY 6441 HANCOCK ROAD FT LAUD FL 33330 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Angella, Tony 528 N Luna Court Hollywood, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 stated 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 applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE TONY ANGELLA* *4/24/00* *954.966.7265*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)