

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L44493

1. Entity Name

JUDY & ASSOCIATES, INC.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90004 042 ***150.00

Principal Place of Business

5757 NW 11TH STREET
SUITE 160
MIAMI FL 33126
US

Mailing Address

5757 NW 11TH STREET
SUITE 160
MIAMI FL 33126-2035
US

2. Principal Place of Business

3. Mailing Address

PO BOX 87

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CEAR KEY, FL

City & State

CEAR KEY FL

Zip

32625

Country

US

Zip

32625

Country

US

4. FEI Number

65-0169007

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROCHETEAU, RALPH
5757 N.W. 11TH ST.
SUITE 160
MIAMI FL 33126

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVS	<input type="checkbox"/> Delete
NAME	BARTHOLEMY, JOLIE LYNN	
STREET ADDRESS	5757 NW 11TH STREET, SUITE 160	
CITY-ST-ZIP	MIAMI FL	
TITLE	MCTD	<input type="checkbox"/> Delete
NAME	JUDY, SONYA R	
STREET ADDRESS	5757 NW 11TH STREET, SUITE 160	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JUDY, RICHARD H.	
STREET ADDRESS	5757 N.W. 11TH STREET, SUITE 160	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO BOX 87	
CITY-ST-ZIP	CEAR KEY, FL 32625	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO BOX 87	
CITY-ST-ZIP	CEAR KEY, FL 32625	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO BOX 87	
CITY-ST-ZIP	CEAR KEY, FL 32625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 #

1-30-00

1-352 543-5102