

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M30805

1. Entity Name

JOADIS CORP.

FILED
Jul 17, 2000 8:00 am
Secretary of State

03-07-2000 90003 029 ***150.00

07-17-2000 90014 021 ***550.00

Principal Place of Business

3595 SW 46TH AVE
DAVIE FL 33314

Mailing Address

3595 SW 46TH AVE
DAVIE FL 33314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2690289

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOZA, JOSE
3595 SW 46TH AVE
DAVIE FL 33314

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 S
NAME BOZA, JOSE
STREET ADDRESS 5059 NW 195TH LANE
CITY-ST-ZIP CAROL CITY FL ☐ Delete

TITLE S
NAME BOZA JOSE
STREET ADDRESS 4442 NW. 180 STREET
CITY-ST-ZIP CAROL CITY FL 33055 ☒ Change ☐ Addition

TITLE S
NAME BOZA, ADIS
STREET ADDRESS 5059 NW 195TH LANE
CITY-ST-ZIP CAROL CITY FL ☐ Delete

TITLE S
NAME BOZA ADIS
STREET ADDRESS 4442 NW. 180 STREET
CITY-ST-ZIP CAROL CITY FL 33055 ☒ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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:

ADIS BOZA RECORDED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-00

Date

Daytime Phone #