

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007443

1. Entity Name  
**VOLUNTEERS OF JOY FOUNDATION, INC.**

Principal Place of Business  
**1913 N.E. 2ND STREET, #5  
POMPANO BEACH FL 33060-6539**

Mailing Address  
**1913 N.E. 2ND STREET, #5  
POMPANO BEACH FL 33060-6539**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country Zip Country

6. Name and Address of Current Registered Agent  
**FALCAO, DANIEL SOUZA P  
1913 N.E. 2ND STREET, #5  
POMPANO BEACH FL 33060-6539**

4. FEI Number  
**22-3688382**

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent  
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

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☒ **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FALCAO, MARIA DE JESUS S 1913 N.E. 2ND STREET, #5 POMPANO BEACH FL 33060-6539</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD FALCAO, JOSE HERMES P 1913 N.E. 2ND STREET, #5 POMPANO BEACH FL 33060-6539</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD FALCAO, DANIEL SOUZA P 1913 N.E. 2ND STREET, #5 POMPANO BEACH FL 33060-6539</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 617, 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: **Daniel Falcao** **DANIEL FALCAO** **04-23-2000** **954-9469147**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90127 001 \*\*\*\*\*8.75  
05-06-2000 90127 002 \*\*\*\*\*66.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)