

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

02-27-2002 90123 001 *****61.25
02-27-2002 90123 002 *****8.75

N99000007443

FILED

02 APR 24 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15036

DOCUMENT # N99000007443

1. Entity Name

VOLUNTEERS OF Joy FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

700 N. 73rd AVE.

3. Mailing Address

P.O. Box 245485

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD, FL

City & State

PEMBROKE PINES, FL

4. FEI Number

22-3688382

Applied For

Not Applicable

Zip

33024

Country

USA

Zip

33024

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DANIEL SOUZA PEIXOTO FALCAO

Street Address (P.O. Box Number is Not Acceptable)

700 N. 73rd AVE.

City

HOLLYWOOD

FL

Zip Code

33024

**DO NOT WRITE
IN THIS SPACE**

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

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MARIA DE JESUS SOUZA FALCAO 700 N. 73rd AVE. HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D JOSE HERMES PEIXOTO FALCAO 700 N. 73rd AVE. HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D DANIEL SOUZA PEIXOTO FALCAO 700 N. 73rd AVE. HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALINE BURJATO APPA 1995 NW 179th AVE. PEMBROKE PINES, FL 33029
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel Falcao DANIEL FALCAO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/02 (954) 322-7072

Date

Daytime Phone #

CR2E037B (12/01)