

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047133

1. Entity Name
JOYFUL JOURNEY, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90155 002 ***158.75

Principal Place of Business
11981 SW 94TH STREET
MIAMI FL 33186

Mailing Address
11981 SW 94TH STREET
MIAMI FL 33186

00039599



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6401 S.W. 87 Avenue

3. Mailing Address
6401 SW 87 Avenue

Suite, Apt. #, etc.
Suite 205-A

Suite, Apt. #, etc.
Suite 205-A

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-1012673

Applied For
Not Applicable

Zip
33173

Country
USA

Zip
33173

Country
USA

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

6. Name and Address of Current Registered Agent

**HILLENBAMP, IBIS J ESQ.
2937 SW 27TH AVENUE
SUITE 100-A
COCONUT GROVE FL 33133**

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 _____ (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, 2001 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

TITLE
NAME **D DA LA TEJA, NANCY** ☐ Delete
STREET ADDRESS **11981 SW 94TH STREET**
CITY-ST-ZIP **MIAMI FL 33186**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **DE LATEJA, NANCY** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: **De la Teja, Nancy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 (305)282-4854
Date Daytime Phone #

CR2E034 (10/00)