

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90185 017 ***150.00

DOCUMENT # P00000096269

1. Entity Name
ALAND JOSEPH, INC.

Principal Place of Business

**11611 NW 29TH PL
 SUNRISE FL 33323**

Mailing Address

**11611 NW 29TH PL
 SUNRISE FL 33323**

2. Principal Place of Business

**1751 SW 85TH TER
 Suite, Apt. #, etc.**

3. Mailing Address

**1751 SW 85TH TER
 Suite, Apt. #, etc.**

City & State

MIRAMAR FL

City & State

MIRAMAR FL

Zip

Country

33025

Zip

Country

33025

4. FEI Number

65-1047529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOSEPH, ALAND
 11611 NW 29TH PL
 SUNRISE FL 33323**

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

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, 2002 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 **D** ☐ Delete
 NAME **CERRO, RAQUEL**
 STREET ADDRESS **11611 NW 29TH PL**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **ALAND JOSEPH**
 STREET ADDRESS **1751 SW 85TH TER**
 CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **B** ☐ Change ☒ Addition
 NAME **BARBARA FAUSTIN**
 STREET ADDRESS **1751 SW 85TH TER**
 CITY-ST-ZIP **MIRAMAR FL 33025**

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

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

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

TITLE ☐ Change ☐ 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

04/24/02

(904) 444 7207

CR2E034 (9/01)