

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000077

1. Entity Name  
JOULE'S COMMUNICATIONS, INC.

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90349 002 \*\*\*150.00

Principal Place of Business  
1022 W JASMINE LANE  
NORTH LAUDERDALE FL 33068

Mailing Address  
1022 W JASMINE LANE  
NORTH LAUDERDALE FL 33068

2. Principal Place of Business  
3096 SW 135<sup>th</sup> AVE  
Suite, Apt. #, etc.

3. Mailing Address  
3096 SW 135<sup>th</sup> AVE  
Suite, Apt. #, etc.

City & State  
MIAMI FL  
Zip  
33027  
Country  
USA

City & State  
MIAMI FL  
Zip  
33027  
Country  
USA

4. FEI Number 65-1054773  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

STEPHENSON, JULIE  
1022 W JASMINE LANE  
NORTH LAUDERDALE FL 33068

## 7. Name and Address of New Registered Agent

Name: GARFIELD ROBINSON  
Street Address (P.O. Box Number is Not Acceptable)  
3096 SW 135<sup>th</sup> AVE  
City MIAMI FL Zip Code 33027

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 04/26/02

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	NAME	STEPHENSON, JULIE	STREET ADDRESS	1022 W JASMINE LANE	CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	<input checked="" type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		NAME	GARFIELD ROBINSON	STREET ADDRESS	3096 SW 135 <sup>th</sup> AVENUE	CITY-ST-ZIP	MIAMI FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
GARFIELD ROBINSON

DATE 04/26/02

DAYTIME PHONE 954-605-6811

CR2004 (9/01)