

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

05-27-2002 90272 038 ***150.00

DOCUMENT # P01000023319

1. Entity Name
REJOICE EXPORT, CORP.

Principal Place of Business
**9948 NOB HILL PLACE
 SUNRISE FL 33351**

Mailing Address
**9948 NOB HILL PLACE
 SUNRISE FL 33351**

39989



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9583 NW 52nd Ct.
 Suite, Apt. #

3. Mailing Address
9583 NW 52nd Ct
 Suite, Apt. #

City & State
SUNRISE, FL

City & State
SUNRISE, FL

4. FEI Number
65-1090188

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PONTES, FABIO T
 9948 NOB HILL PLACE
 SUNRISE FL 33351**

7. Name and Address of New Registered Agent

Name
PONTES FABIO

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

9583 NW 52nd COURT

City
SUNRISE

FL

Zip Code
33351

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)

04/30/02

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PO
 PONTES, FABIO
 9948 NOB HILL PLACE
 SUNRISE FL 33351** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VO
 PONTES, ROSANA
 9948 NOB HILL PLACE
 SUNRISE FL 33351** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PO
 PONTES, FABIO
 9583 NW 52nd Ct.
 SUNRISE, FL 33351** ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VO
 PONTES, ROSANA
 9583 NW 52nd Ct
 SUNRISE, FL 33351** ☐ Change ☐ Addition

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02

(954) 748-4286

Date

Daytime Phone #

CR2E034 (9/01)