2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100077073 Septitity Name JOY & LOVE, INC.					FILED			
Principal Place of Business Mailing Address 17805 N.W. 57TH AVENUE 17805 N.W. 57TH AVENUE MIAMI FL 33055 MIAMI FL 33055					02 OCT 21 PA SECRETARY OF TALLAHASSEE.			
1784	ncipal Place of Business 7805 AUD 5 7 AVC - Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	· -	City & State		4. FEI Number 65-111078	J A	oplied For of Applicable		
3305:	5 Country Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add	ditional	
6. Name and Address of Current Registered Agent PERRYMOND, FLORENCE 17805 N.W. 57TH AVENUE MIAMI FL 33055				et Address (Address (P.O. Box Number is Not Acceptable)			
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Florence - Persistence Agent and tyle if applicable. (NOTE: Registered Agent signature required when yestating) 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 \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.								
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D P PERRYMOND, FLORENCE 17805 N.W. 57TH AVENUE MIAMI FL 33055	IRECTORS Delete	12. TITLE NAME STREET ADDRE	ss	ADDITIONS/CHANGES TO OFFICE 30000917 11/22/02010920		Addition (S)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUBIN, TRACEH 3370 N.W. 212TH STREET MIAMI FL 33056	Delete	TITLE NAME STREET ADDRE		eena S. Tayloc 105 NW STAVE ami, Fl. 330	Thange	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLDER, DIAHANN 18131 N.W. 57TH AVENUE MIAMI FL 33055	☐ Delete	TITLE NAME STAEET ADDRE STY-ST-ZIP	SS	30000917 11/22/0201092(□ Change * 7133 014 **50,00	Addition J	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	BEIM	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby or indicated	pertify that the information supplied with the on this report or supplemental report is to	Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP the exemption		ction 119.07(3)(i), Florida Statutes. I fu	☐ Change	Addition	

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.

GNATURE:

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SIGNATURE: