

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91761 017 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000095245					
1. Entity Name JOY'S AMERICAN WEST INDIAN TAKEOUT, INC.					
Principal Place of Business 2617 WEST ATLANTIC BLVD POMPANO BEACH, FL 33069		Mailing Address 2617 WEST ATLANTIC BLVD POMPANO BEACH, FL 33069			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1140501	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, EUNICE 4287 NW 57 DR COCONUT CREEK, FL 33073				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent's signature required when submitting.)					
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SMITH, EUNICE		NAME		
STREET ADDRESS	4287 NW 57 DR		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GREEN, JOSETTE		NAME		
STREET ADDRESS	4287 NW 57 DR		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BURROWS, ALEXANDRIA		NAME		
STREET ADDRESS	4287 NW 57 DR		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: <u>Eunice Smith, President</u> 4/30/03 (954) 979-747					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

90128284



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)