

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90059 029 ***150.00

DOCUMENT # P02000069258

1. Entity Name
JOSEPH TRAVEL, INC.



Principal Place of Business
**4855 N DIXIE HWY
POMPANO BCH FL 33064**

Mailing Address
**4855 N DIXIE HWY
POMPANO BCH FL 33064**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**4855 N. Dixie Hwy
Suite, Apt. #, etc.
Pompano Bch, FL 33064**
City & State

3. Mailing Address
**4855 N. Dixie Hwy
Suite, Apt. #, etc.
Pompano Bch**
City & State

4. FEI Number
36-4500942
Applied For
☐ Not Applicable

Zip
33064
Country
Breward

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

6. Name and Address of Current Registered Agent
**RODRIGUEZ, CLIFTON H CPA
3146 NW 68 ST
FT LAUDERDALE FL 33309-1206**

7. Name and Address of New Registered Agent
Name
RODRIGUEZ CLIFTON H CPA
Street Address (P.O. Box Number is Not Acceptable)
3146 NW 68 ST
City
FT Lauderdale FL Zip Code
33309-1206

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO JOSEPH, FLORENCE 4855 N DIXIE HWY POMPANO BCH FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JOSEPH, FLORENCE 4855 N DIXIE HWY POMPANO BCH FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RODRIGUEZ, CLIFTON H 3146 NW 68 ST FT LAUDERDALE FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOSEPH, FLORENCE 4855 N DIXIE HWY POMPANO BCH FL 33319 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/03 954 570-7990
Date Daytime Phone #

CR2E034 (10/02)