

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0508461

DOCUMENT # P93000059067

1. Entity Name
JOSEF AKIVA, INC.

05-17-2001 91074 050 ***158.75

Principal Place of Business 2097 SPAFFORD AVE WEST PALM BEACH FL 33409 US	Mailing Address 1927 STRATFORD WAY WEST PALM BEACH FL 33409
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0429316** 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

7. Name and Address of New Registered Agent

AKIVA, JOSEF O
1927 STRATFORD WAY
WEST PALM BEACH FL 33409

Name **Josef or Annette Akiva**
 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.

SIGNATURE *Annette Akiva*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-1-01
 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AKIVA, JOSEF	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 1927 STRATFORD WAY		STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL 33409		CITY-ST-ZIP	
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME VP, Secretary-Treasurer	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS AKIVA, ANNETTE R		STREET ADDRESS	
CITY-ST-ZIP 1927 STRATFORD WAY		CITY-ST-ZIP	
CITY-ST-ZIP WEST PALM BEACH FL 33409			
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Annette Akiva*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01 561-684-3330
 Date Daytime Phone #

CR2E034 (10/00)