

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2002 8:00 am
Secretary of State

08-08-2002 90097 001 ***550.00
 08-08-2002 90097 002 *****8.75

DOCUMENT # P93000059067

1. Entity Name
JOSEF AKIVA, INC.

Principal Place of Business
2097 SPAFFORD AVE
WEST PALM BEACH FL 33409
US

Mailing Address
1927 STRATFORD WAY
WEST PALM BEACH FL 33409

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
2097 Spafford Ave.
 Suite, Apt. #, etc.

City & State
W. Palm Beach, FL

City & State
W. Palm Beach, FL

Zip
33409 Country
USA

4. FEI Number **65-0429316** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
~~AKIVA, ANNETTE~~
~~1927 STRATFORD WAY~~
~~WEST PALM BEACH FL 33409~~

7. Name and Address of New Registered Agent
 Name **Josef Akiva**
 Street Address (P.O. Box Numbers Not Acceptable) **2097 Spafford Ave**
 City **W. Palm Beach** FL Zip Code **33409**

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 **8-6-02**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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. **\$5.00 May Be Added to Fees**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)