

# 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

3. Mailing Address

**2097 Spafford Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**W. Palm Beach, FL**

4. FEI Number **65-0429316**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33409 USA**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

~~AKIVA, ANNETTE~~  
~~1927 STRATFORD WAY~~  
~~WEST PALM BEACH FL 33409~~

Name **Josef Akiva**  
 Street Address (P.O. Box Number is 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**8.6.02**

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 **P** ☐ Delete  
 NAME **AKIVA, JOSEF**  
 STREET ADDRESS **1927 STRATFORD WAY**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPST** ☒ Delete  
 NAME **AKIVA, ANNETTE R**  
 STREET ADDRESS **1927 STRATFORD WAY**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/6/02**

CR2E034 (4/02)