

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90092 028 ***150.00

DOCUMENT # P95000011130

1. Entity Name
AILEEN NAJA JOSEPHS, P.A.

Principal Place of Business
2001 PALM BEACH LAKES BLVD
SUITE 300-K
WEST PALM BEACH FL 33409

Mailing Address
2001 PALM BEACH LAKES BLVD
SUITE 300-K
WEST PALM BEACH FL 33409



DO NOT WRITE IN THIS SPACE

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 **65-0571871**

Applied For

Not Applicable

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

JOSEPHS, AILEEN N
2457 CHESAPEAKE CIR.
WEST PALM BEACH FL 33409

Josephs, Aileen N
515 N. Flagler Dr.
#300 - Pavilion
W. Palm Beach, FL
33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

State

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

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

(NOTE: Registered Agent signature required when reinstating)

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

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOSEPHS, AILEEN N | |
| STREET ADDRESS | 2457 CHESAPEAKE CIR. | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | |
| TITLE | 515 N. Flagler Dr. | <input type="checkbox"/> Delete |
| NAME | #300 - P | |
| STREET ADDRESS | WPB, FL 33401 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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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:

Aileen Josephs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01

Date

561 8024119

Daytime Phone #

CR2E034 (10/00)