

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90021 012 ***158.75

DOCUMENT # P95000014278

1. Entity Name
JOSS MARU LTD., INC.

Principal Place of Business Mailing Address

1440 JOHN F. KENNEDY CAUSEWAY **1440 JOHN F. KENNEDY CAUSEWAY**
STE 301 **STE 301**
NORTH BAY VILLAGE FL 33141 **NORTH BAY VILLAGE FL 33141**

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0559358** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PIERCE, CLIFFORD
1440 JOHN F. KENNEDY CAUSEWAY
STE 301
NORTH BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent

Name _____

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 _____ DATE _____
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, 2000 Min. 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

TITLE	DPST	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, CLIFFORD	
STREET ADDRESS	1440 JOHN F. KENNEDY CAUSEWAY	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, CLIFFORD Y	
STREET ADDRESS	1440 JOHN F. KENNEDY CSWY	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE	DIRECTOR / SEC/TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUAN GARCIA	
STREET ADDRESS	1440 JOHN F. KENNEDY CSWY	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: Clifford Y. Pierce Date: 7/14/00 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)

Attachment
D# 950000141278
DW73089

July 14, 2000

Dear Sir or Madam,

We just received this notice
in the mail. The first 2000
Uniform Business Report was
never received. Please
accept our check in the
amount of 158.95.

Thank you,