

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094655

1. Entity Name
ST. JOSEPH PROPERTIES, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90354 035 ***150.00

Principal Place of Business *old* Mailing Address *old*
4770 US 90 W LAKE CITY FL 32055
6953. NW. 19th St.
MARGATE FL. 33063
SAME AS . Place of Business



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6953. NW. 19th St.
Suite, Apt. #, etc.
MARGATE.
City & State
FLORIDA.

3. Mailing Address
6953. NW. 19th St.
Suite, Apt. #, etc.
MARGATE. FLORIDA.
City & State

4. FEI Number 65-0658237
Applied For
Not Applicable

Zip Country
FL. 33063 BROWARD.
Zip Country
FL. 33063 BROWARD.

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

6. Name and Address of Current Registered Agent
KUNCHANDY, GEORGE
6454 N.W. 65TH TERRACE
PARKLAND FL 33067

7. Name and Address of New Registered Agent
Name GEORGE KUNCHANDY.
Street Address (P.O. Box Number is Not Acceptable)
6953. NW. 19th St.
MARGATE.
City FL Zip Code 33063.

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 *George Kunchandy* 02/10/2001.
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 | PVST | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KUNCHANDY, GEORGE | | NAME | | |
| STREET ADDRESS | 6454 N.W. 65TH TERRACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PARKLAND FL 33067 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOSHY, KUNJAMMA | | NAME | | |
| STREET ADDRESS | 5401 SW 94TH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | COOPER CITY FL | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| 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: *George Kunchandy* 02/10/2001. (950) 979-2640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)