

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90215 007 ***158.75

DOCUMENT # P95000094655

1. Entity Name
ST. JOSEPH PROPERTIES, INC.



Principal Place of Business
**6953 N.W. 19TH ST.
MARGATE FL 33063**

Mailing Address
**6953 N.W. 19TH ST.
MARGATE FL 33063**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0658237**

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

**KUNCHANDY, GEORGE
6953 NW. 19TH ST.
MARGATE FL 33063**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

George Kunchandy **GEORGE KUNCHANDY. (PRESIDENT)**

1/15/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
KUNCHANDY, GEORGE
6454 N.W. 65TH TERRACE
PARKLAND FL 33067** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST.
KUNCHANDY, GEORGE
6953 N.W. 19TH ST.
MARGATE FL 33063** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOSHY, KUNJAMMA
5401 SW 94TH AVE
COOPER CITY FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D.
THOMSON, KOCHUPURACKAL.
764 MAGIE AVE
ELIZABETH, NJ 07208** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D.
BINJOY T. KOCHUPURACKAL,
444 VERONA AVE.
ELIZABETH NJ 07208** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHNSON K. EAPAN
887 FLORAL AVE
UNION N.J. 07083** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D.
DR. SHIBU THOMSON
5290 RICHMOND HWY. 403
APT. 403, ALEXANDRIA VA 22303** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George Kunchandy **GEORGE KUNCHANDY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 979-2640