

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90229 021 ***150.00

DOCUMENT # P96000063848

1. Entity Name

MARLA & JOE, INC.

Principal Place of Business

4064 FOREST HILL BLVD.
WEST PALM BCH FL 33406-5729
US

Mailing Address

4064 FOREST HILL BLVD.
WEST PALM BCH FL 33406-5729
US

903367



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O BLAKESBERG & CO CPAS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

951 SW 4TH AVE

City & State

City & State

BOCA RATON FL

Zip

Country

Zip

Country

33432-5803

USA

4. FEI Number 65-0688069

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

TAVAGLIONE, JOSEPH
4064 FOREST HILL BLVD
WEST PALM BEACH FL 33406

Name

WILLIAM J BLAKESBERG

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

951 SW 4TH AVE

City

BOCA RATON

FL

Zip Code

33432-5803

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 of officer or director of registered agent and the applicable (If E: Registered Agent signature required when reinstating)

DATE

1-16-01

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD TAVAGLIONE, JOSEPH 13708 ALDSWORTH COURT WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REDMAN, MARLA 13708 ALDSWORTH COURT WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Joseph Tavaglione Pres
JOSEPH TAVAGLIONE

Date

Daytime Phone #

1-16-01 561-750-8300

CR2E034 (10/00)