

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90121 012 ***150.00

00046922

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000011961																																														
1. Entity Name J.O.F.A. of Miami, Inc.																																														
Principal Place of Business 8801 Hunter's Lake Dr. Apt. 936 Tampa, FL. 33647		Mailing Address 8801 Hunter's Lake Drive Apt. 936 Tampa, FL. 33647																																												
2. Principal Place of Business 8801 Hunter's Lake Drive Suite, Apt. #, etc. 936		3. Mailing Address 8801 Hunter's Lake Drive Suite, Apt. #, etc. 936																																												
City & State Tampa, FL.		City & State Tampa, FL.																																												
Zip 33647	Country USA	Zip 33647	Country USA																																											
6. Name and Address of Current Registered Agent Claudia (Armador) Bourbeau (married) 8801 Hunter's Lake Drive, Apt. 936 Tampa, FL. 33647		7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 5px;"> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </div>																																												
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 _____ (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. <input checked="" type="checkbox"/> (See criteria on back)		<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001, Fee will be \$550.00 Make Check Payable to Department of State </div>																																												
		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees																																												
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 20%; text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 20%; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
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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: Claudia Bourbeau		4.3.01 (813) 991-9541																																												
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>																																												

CR2E034 (11/00)