

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90060 006 ***150.00

DOCUMENT # P97000051490

1. Entity Name

JOSEPH FAVA DESIGN CORPORATION

Principal Place of Business

**151 NE 16TH AVE
 1201
 FORT LAUDERDALE FL 33301**

Mailing Address

**151 NE 16TH AVE
 1201
 FORT LAUDERDALE FL 33301**

2. Principal Place of Business

2200 NE 33rd Ave

3. Mailing Address

2200 NE 33rd Ave

Suite, Apt. #, etc.

3D

Suite, Apt. #, etc.

3D

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE, FL

Zip

33305

Country

BROWARD

Zip

33305

Country

BROWARD

4. FEI Number

65-0781010

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CAPITANO, MICHELLE F ESQ

2004 DURHAM STREET

TAMPA FL 33605

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

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, 2002 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

TITLE NAME	PD FAVA, JOSEPH C	<input type="checkbox"/> Delete
STREET ADDRESS	150 NE 15TH AVENUE #1127	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD Fava, Joseph C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2200 NE 33rd Ave #30	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:

SIGNATURE OF JOSEPH C FAVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02

Date

954-563-1561

Daytime Phone #

CR2E034 (9/01)