

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059730

1. Entity Name
JOYWEN, INC.

f

FILED
Sep 01, 2000 8:00 am
Secretary of State

09-01-2000 90056 043 ***150.00

UUUU0100



DO NOT WRITE IN THIS SPACE

Principal Place of Business
20050 WATERS EDGE CIR., UNIT 1104
BOCA RATON FL 33434

Mailing Address
20050 WATERS EDGE CIR., UNIT 1104
BOCA RATON FL 33434

2. Principal Place of Business
9031 W. Atlantic Blvd.
Suite, Apt. #, etc.

3. Mailing Address
9031 W. Atlantic Blvd.
Suite, Apt. #, etc.

City & State
Coral Springs, FL
Zip
33071
Country
USA

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Coral Springs, FL
Zip
33071
Country
USA

4. FEI Number 65-0772898
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAMERON, CARA E
3101 N. FEDERAL HWY., STE. 601
FT. LAUDERDALE FL

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete D HOROWITZ, JOYCE 20050 WATERS EDGE CIR., UNIT 1104 BOCA RATON FL 33434	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/00 954-340-5550
Date Daytime Phone #

CR2E034 (5/00)

Just-A-Buck

Coral Square Mall, 9031 W. Atlantic Blvd, Coral Springs, FL 33071 • (305) 340-5550 • Fax: (305) 340-3877

To: Florida Dept. of State, Division of Corporations

Re: 2000 Uniform Business Report

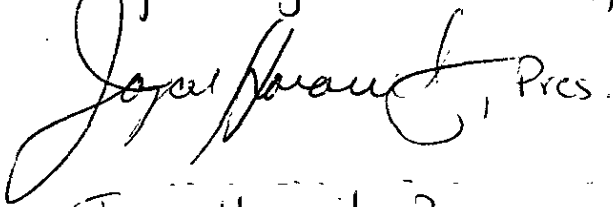
From: Toywen, Inc.

Date: August 30, 2000

To whom It May Concern:

As per my conversation with Kristen on August 30, 2000, I have enclosed a check for \$150 with our second notice Uniform Business Report. We never received a first notice from you and would greatly appreciate it if the penalty would be waived.

Thank You for your consideration,

 Pres.

Joyce Horowitz, Pres.

