

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066800

1. Entity Name

PAUL & JOANNE, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90240 001 \*\*\*150.00

Principal Place of Business

1420 EAST SUNRISE BLVD  
FT LAUDERDALE FL 33304

Mailing Address

~~1114 NW 183 TERRACE~~  
~~PEMBROKE PINES FL 33029~~

1450 E. SUNRISE BLVD  
FT LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

1450 E. SUNRISE BLVD  
FT LAUDERDALE FL 33304

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0770941

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DULAY, ELENITA D  
1114 NW 183 TERRACE  
PEMBROKE PINES FL 33029

Name - DULAY ELENITA D

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

1450 E. SUNRISE BLVD

FL. LAUDERDALE FL 33304

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  
DPS  
DULAY, ELENITA D  
1114 NW 183 TERRACE  
PEMBROKE PINES FL 33029 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
DULAY ELENITA D  
1450 E. SUNRISE BLVD  
FL LAUDERDALE FL 33304 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED~~  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/21/00

Daytime Phone #

CR2E034 (5/00)

Attachment  
p97000066800  
A0077046

August 31, 2000

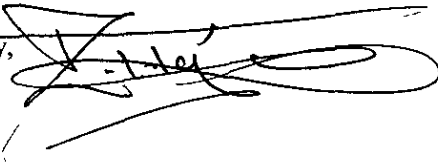
Uniform Business Report  
Division of Corporation  
P. O. Box 1500  
Tallahassee, Fl. 32302-1500

Gentlemen:

Your office has informed us that our U.B.R for year 2000 has not been filed. We have found that the report was mailed to a property that we rent. Therefore, we are enclosing the UBR corrected and our check in the amount of \$150.00

We respectfully request the abatement of the penalty based on the one-in-a-life-time provision of the statute.

Sincerely,

A handwritten signature in dark ink, appearing to be "J. J. [unclear]", written over a horizontal line.