

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90031 046 \*\*\*150.00

**DOCUMENT # P97000094230**

1. Entity Name  
**JOSH-PAUL RICKNAMARK, INC.**

Principal Place of Business  
**7755 TROPICANA STREET  
 MIRAMAR FL 33023**

Mailing Address  
**7755 TROPICANA STREET  
 MIRAMAR FL 33023**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0792022**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME **PD MOODIE, RICARDO A SR.** ☐ Delete  
 STREET ADDRESS **1745 NORTHWEST 185TH TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33056**

TITLE  
 NAME **7755 TROPICANA ST** ☒ Change ☐ Addition  
 STREET ADDRESS **MIRAMAR, FL 33023**  
 CITY-ST-ZIP

TITLE  
 NAME **SD MOODIE, PAULINE V** ☐ Delete  
 STREET ADDRESS **1745 NORTHWEST 185TH TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33056**

TITLE  
 NAME **7755 TROPICANA ST** ☒ Change ☐ Addition  
 STREET ADDRESS **MIRAMAR, FL 33023**  
 CITY-ST-ZIP

TITLE  
 NAME **TD MOODIE, NADINE A** ☐ Delete  
 STREET ADDRESS **1745 NORTHWEST 185TH TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33056**

TITLE  
 NAME **7755 TROPICANA ST** ☒ Change ☐ Addition  
 STREET ADDRESS **MIRAMAR, FL 33023**  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**R. MOODIE PRESIDENT**

**4-6-02**

**(954) 986-6974**

CR2E034 (9/01)