

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041008

1. Entity Name

ELLEN JOSEPH, P.A.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90051 006 ***150.00

Principal Place of Business

Mailing Address

1250 E HALLANDALE BCH BLVD
STE 909
HALLANDALE FL 33009

1250 E HALLANDALE BCH BLVD
STE 909
HALLANDALE FL 33009-4643

2. Principal Place of Business

3. Mailing Address

19500 Turnberry Way
Suite, Apt. #, etc.
Suite 10-F

Suite, Apt. #, etc.

City & State

City & State
Aventura FL

4. FEI Number

65-0835623

Applied For

Not Applicable

Zip

Country

Zip

Country

33180

DADE

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

DEITCH, JASON A
1250 E HALLANDALE BCH BLVD
STE 909
HALLANDALE FL 33009

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS JOSEPH, ELLEN
CITY-ST-ZIP 3530 MYSTIC POINTE DR, #2702
AVENTURA FL 33180

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS ELLEN JOSEPH DEITCH
CITY-ST-ZIP 19500 TURNBERRY WAY #10F
AVENTURA, FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Ellen Joseph Deitch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2000

905 935 9423
Daytime Phone #

CR2E034 (9/99)