## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000078289 May 09, 2000 8:00 am Secretary of State 1. Entity Name "JOSHUA" REALTY & INVESTMENTS, INC. 05-09-2000 90007 013 \*\*\*158.75 Mailing Address Principal Place of Business 5712 HOLLYWOOD BLVD 5712 HOLLYWOOD BLVD HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-6350 2. Principal Place of Business Mailing Address POINT BLYD 1045 Ha Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRISON, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 5712 HOLLYWOOD BLVD HOLLYWOOD FL 33021 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 typed or printed name of registered agent and title if applicab 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11, OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete TIT) F NAME HARRISON, MICHAEL A NAME STREET ADORESS STREET ADDRESS 5712 HOLLYWOOD BLVD. CIRCLE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Dielete Change ☐ Addition TITLE TITLE NAME NAME HARRISON, DARRAM L STREET ADORESS STREET ADDRESS 5712 HOLLYWOOD BLVD. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

AGINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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 attantom with an address, with all other like empowered.