2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 24, 2000 8:00 am Secretary of State DOCUMENT # P98000083451 JOEL FRIEND AND ASSOCIATES, INC. 01-24-2000 90065 024 ***150.00 Principal Place of Business Mailing Address ----- SHERIDAN STREET P.O. BOX 814154 HOLLYWOOD FL 33081-4154 TWO KIDD FL 33021 2. Principal Place of Business 3862 Shenidan St. 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite Applied For City & State 4. FEI Number 65-0866178 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 FRIEND, JOEL STEVEN Street Address (P.O. Box Number is Not Acceptable) 3880 SHERIDAN STREET Shenidan HOLLYWOOD FL 33021 CAMB. pose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entit SIGNATURE ent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees 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. ☐ Addition Delete TITLE TITLE NAME NAME FRIEND, JOEL S STREET ADDRESS STREET ADDRESS 2219 N 36TH AVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Change Addition ☐ Delete 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 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 ☐ Delete ☐ Change ☐ Addition TITLE STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

I hereby certify that the informatic indicated on this report or supply of the corporation or the receive changed, or on an attachment vith ar

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

er like empowered.

CITY-ST-ZIP

ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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 country of

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