

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000083451

1. Entity Name

JOEL FRIEND AND ASSOCIATES, INC.



FILED
04 FEB -5 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20871 JOHNSON STREET

3. Mailing Address

20871 JOHNSON STREET

Suite, Apt. #, etc.

SUITE 103

Suite, Apt. #, etc.

SUITE 103

City & State

PEMBROKE PINES, FLORIDA

City & State

PEMBROKE PINES, FLORIDA

REINSTATEMENT *B-04*
DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0866178

Applied For

Not Applicable

Zip

33029

Country

USA

Zip

33029

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: JOEL FRIEND

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

20871 JOHNSON STREET, SUITE 103

City PEMBROKE PINES

FL

Zip Code 33029

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JOEL FRIEND

01/30/2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
JOEL FRIEND P, D
20871 JOHNSON ST., SUITE 103
PEMBROKE PINES, FLORIDA 33029

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
100028229391
02/05/04--01016--012 **308.75

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with authority, if empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL FRIEND, PRESIDENT

01/30/2004

Date

Daytime Phone #

CR2E034B (12/02)



Joel Friend & Associates, Inc.

January 30th 2004

Reinstatement Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: **JOEL FRIEND AND ASSOCIATES, INC.**
Charter# P98000083451

To Whom It May Concern:

I respectfully request that the State of Florida abate the reinstatement fees associated with this late filing. I have no recollection of ever receiving my Uniform Business Report for 2003. I am sorrowful for allowing my corporation to fall into the status of being Administratively Dissolved and thus ask of your consideration in accepting my apology.

Upon the realization of my status with the state of Florida, I immediately drafted this letter. I contribute not having received my Uniform Business Report for 2003 to having moved my office location.

Enclosed you will find my payment of \$308.75 for my 2003 and 2004 Uniform Business Report. I once again respectfully request that you abate any reinstatement fees. I fully intend to keep this corporation active. If you should have any questions please contact me directly. I would like to thank you in advance for your attention to this matter.

If you have any questions or would like further explanation or documentation please do not hesitate phone me @ 954-704-1040 or 954-682-1120.

Sincere regards,

Joel Friend, MAcc/Professor
Joel Friend & Associates, Inc

www.joelfriend.com
20871 Johnson Street, Suite 103
Pembroke Pines, Florida 33029
Tel: 954-704-1040 • Fax: 954-919-7001

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