

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017152

1. Entity Name

JOHANNES ENTERPRISES, INC.

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

07-28-2000 90154 014 ***550.00

Principal Place of Business

69260 SUNSET DRIVE
SUITE 119
MIAMI FL 33173

Mailing Address

69260 SUNSET DRIVE
SUITE 119
MIAMI FL 33173

2. Principal Place of Business

2020 SW 59th Ave.

3. Mailing Address

2020 SW 59th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, Florida

City & State

Plantation, Florida

Zip

33317

Country

U.S.A.

Zip

33317

Country

U.S.A.

4. FEI Number

68-0917149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, GEORGE ESQ.
69260 SUNSET DRIVE
SUITE 119
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

Joanna L. Johannes

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

2020 SW 59th AVE.

City

PLANTATION

FL

Zip Code

33317

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

Joanna L. Johannes

(NOTE: Registered Agent signature required when reinstating)

7/24/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE ☐ Delete
NAME D
JOHANNES-DIAZ, JOANNA
STREET ADDRESS 1811 ENGLEWOOD ROAD #293
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME DIRECTOR
JOANNA L. JOHANNES
STREET ADDRESS 2020 SW 59th AVE.
CITY-ST-ZIP PLANTATION, FL 33317

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
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)(l), 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:

Joanna L. Johannes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/00
Date

(954) 587-0222
Daytime Phone #

CR2E034 (5/00)