FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90291 044 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027652

1. Entity Name
MICHAEL JOSEPH, INC.

20038591

Principal Place of Business	Mailing Address
1215 E BROWARD BLVD FORT LAUDERDALE, FL 33301	1215 E BROWARD BLVD FORT LAUDERDALE, FL 33301

2. Principal Place of Business	3. Mailing Address
715 NE 15th Ave	715 NE 15th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale, FL	City & State: Ft Lauderdale FL
Zip: 33304 Country: US	Zip: 33304 Country: US

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0909513 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, MICHAEL
1215 E BROWARD BLVD
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name: Joseph, Michael
Street Address (P.O. Box Number is Not Acceptable): 715 NE 15th Ave
City: Ft Lauderdale FL Zip Code: 33304

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: JOSEPH, MICHELL STREET ADDRESS: 1215 E BROWARD BLVD CITY-ST-ZIP: FORT LAUDERDALE, FL 33301	☐ Delete	TITLE: D NAME: Joseph, michael STREET ADDRESS: 715 NE 15th Ave CITY-ST-ZIP: Ft Lauderdale, FL 33304	☑ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Joseph — 17 April 03 — 954-760-9727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #