Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P9900076597 JOSEPH AND SONS, INC. 01-19-2000 90095 015 ***150.00 Principal Place of Business Mailing Address 2910 OAKWOOD BLVD 2910 OAKWOOD BLVD HCH! YWOOD FL 33020 HOLLYWOOD FL 33020-7122 STATE OF 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name KALANTAROV, LUDMILA Street Address (P.O. Box Number is Not Acceptable) 3915 N.W. 89TH AVE. CORAL SPRINGS FL 33065 Zip Code 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 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 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 66/6) Addition 🔲 TITLE Delete TITLE Change KALANTAROV, LUDMILA NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS 3915 N.W. 89TH AVE. CITY-ST-ZIP CITY-\$T-ZIP CORAL SPRINGS FL 33065 Addition TITLE Delete MLE Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Dhange Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition Defete TITLE THE 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 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 attachment with an address, with all other receivered. SIGNATURE: SIGNATURE A ED NAME OF SIGNING OFFICER OR DIRECTOR