

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 14, 2000 8:00 am**
Secretary of State

03-14-2000 90015 049 ***150.00

DOCUMENT # 517799

1. Entity Name

J & J BUILDING ENTERPRISES, INC.

Principal Place of Business

**10290 SW 59TH ST
COOPER CITY FL 33328
US**

Mailing Address

**10290 SW 59TH ST
COOPER CITY FL 33328-6531
US**

2. Principal Place of Business

6950 Cypress Road

Suite, Apt. #, etc.

#211B

3. Mailing Address

4225 NW 88th Ave

Suite, Apt. #, etc.

#170City & State
Plantation, FLCity & State
Sunrise, FL

4. FEI Number

59-1680465

Applied For

Not Applicable

Zip

33317

Country

US

Zip

33351

Country

US5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHNIDER, RON
7770 W. OAKLAND PARK BLVD.
STE 100
SUNRISE FL 33321**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 **PSD** ☐ Delete
NAME **MILLER, JEREL M**
STREET ADDRESS **9830 SW 15 DRIVET**
CITY-ST-ZIP **DAVIE FL**TITLE **T** ☒ Delete
NAME **MILLER, ANNE C.**
STREET ADDRESS **9830 SW 15 DRIVE**
CITY-ST-ZIP **DAVIE FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **900 Grovesmere Loop**
CITY-ST-ZIP **Ocoee, FL 34761**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)(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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)