

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L14262

1. Entity Name

JENDOMAR INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90072 037 ***150.00

Principal Place of Business

Mailing Address

4 GATEHOUSE RD
 FORT LAUDERDALE FL 33308
 US

4 GATEHOUSE RD
 FORT LAUDERDALE FL 33308-2907
 US

2. Principal Place of Business

2122 Blount Road

3. Mailing Address

2122 Blount Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

65-0144136

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALLISSO, JENNIFER H
 4 GATEHOUSE RD
 FORT LAUDERDALE FL 33308

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

4-24-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 PALLISSO, JENNIFER H
 1801 MONTE CARLO WAY
 CORAL SPRINGS FL 33071 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 PALLISSO, JENNIFER H.
 4 GATEHOUSE RD.
 FT. LAUDERDALE, FL 33308 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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 CITY-ST-ZIP
☐ Change ☐ Addition

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

4-24-2000 (954) 968-1188

Date

Daytime Phone #

CR2E034 (9/99)