

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005264

1. Entity Name

J & J PRODUCTION SERVICES II, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

60 FEB 22 PM 12:10

Principal Place of Business

2820 NE 44TH ST  
LIGHTHOUSE POINTE FL 33064

Mailing Address

2820 NE 44TH ST  
LIGHTHOUSE POINTE FL 33064-7283



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUMMINGS, ROBERT J  
2820 NE 44TH ST  
LIGHTHOUSE POINTE FL 33064

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
CUMMINGS, ROBERT J  
2820 NE 44TH ST  
LIGHTHOUSE POINTE FL 33064 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
m/3/2/00

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/28/2000 (954) 946-4963

CR2E083 (9/99)