

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90061 037 \*\*\*150.00

**DOCUMENT # P00000044899**

1. Entity Name

**J & S CONTRACTORS OF BOCA, INC.**

Principal Place of Business

**10470 SLEEPY BROOK WAY  
 BOCA RATON FL 33428**

Mailing Address

**6040 SHAKE RWOODS  
 CIRCLE 105  
 FORT LAUDERDALE FL 33319**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Tamarac, FL**

4. FEI Number

**65-1003178**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEGOBIN, JAIRAM**

**10470 SLEEPY BROOK WAY**

**BOCA RATON FL 33428**

Name

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

**6040 Shakerwoods Cir #105**

City

**Tamarac**

**FL**

Zip Code

**33319**

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

*Jairam Segobin*

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, 2002 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 **D** ☐ Delete  
 NAME **SEGOBIN, JAIRAM**  
 STREET ADDRESS **10470 SLEEPY BROOK WAY**  
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☒ Change ☐ Addition  
 NAME **6040 Shakerwoods Cir #105**  
 STREET ADDRESS **Tamarac, FL**  
 CITY-ST-ZIP **33319**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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TITLE ☐ 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:

*Jairam Segobin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1/24/02*

Daytime Phone #

CR2E034 (9/01)