

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092074

1. Entity Name

JACK'S WINDOWS & MIRRORS, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90105 004 ***150.00

Principal Place of Business

7540 WEST MCNAB ROAD
SUITE E14
NORTH LAUDERALE FL 33068

Mailing Address

7540 WEST MCNAB ROAD
SUITE E14
NORTH LAUDERALE FL 33068

2. Principal Place of Business

994 SW 81 AVE

3. Mailing Address

994 SW 81 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NORTH LAUDERDALE, FL

City & State

NORTH LAUDERDALE, FL

4. FEI Number

65-1044903

Applied For

Not Applicable

Zip

33068

Country

USA

Zip

33068

Country

USA

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 2001 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	PTD	<input type="checkbox"/> Delete
NAME	NOEL, JACK	
STREET ADDRESS	7540 WEST MCNAB ROAD	
CITY-ST-ZIP	NORTH LAUDERALE FL 33068	
TITLE	S	<input type="checkbox"/> Delete
NAME	JEUDY, CAROLE	
STREET ADDRESS	7540 WEST MCNAB ROAD	
CITY-ST-ZIP	NORTH LAUDERALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

04-26-01 954-720-5900

CR2E034 (10/00)