

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094707

1. Entity Name
JAKMAR CORP.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90335 036 ***150.00

Principal Place of Business
**15954 SW 4TH STREET
PEMBROKE PINES FL 33027**

Mailing Address
**15954 SW 4TH STREET
PEMBROKE PINES FL 33027**

2. Principal Place of Business
4660 SW 74th AVE.
Suite, Apt. #, etc.
Miami, FL
City & State

3. Mailing Address
4660 SW 74th AVE.
Suite, Apt. #, etc.
Miami, FL
City & State



DO NOT WRITE IN THIS SPACE

Zip
33155

Country
USA

Zip
33155

Country
USA

4. FEI Number
65-1045320

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

**SINGER, BERNARD A
4925-A SHERIDAN STREET
HOLLYWOOD FL 33021**

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 _____ (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
Tax filing requirement and elects to do so. 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 ☐ Delete
NAME **D**
STREET ADDRESS **BURSET, JOAQUIN**
CITY-ST-ZIP **15954 SW 4TH STREET
PEMBROKE PINES FL 33027**

TITLE ☐ Change ☒ Addition
NAME **D, P.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BURSET, MARIZETTE G**
CITY-ST-ZIP **15954 SW 4TH STREET
PEMBROKE PINES FL 33027**

TITLE ☐ Change ☒ Addition
NAME **D, S, T,**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Joaquin Burset **JOAQUIN BURSET, President** 2/28/01 (305) 269-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)