

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90294 008 ***150.00

DOCUMENT # PO2000074868
1. Entity Name JMAR Construction, Inc.



DO NOT WRITE IN THIS SPACE

20022692

2. Principal Place of Business
18740 NW 24th Court
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pines, Florida

City & State

4. FEI Number

Applied For

Not Applicable

Zip
33029-5351

Country
Broward

Zip

Country

30-0096405

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Jay Lopin

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

18740 NW 24th Court

City

Pembroke Pines, FL

FL

Zip Code

33029

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President - Jay Lopin 18740 NW 24th Court Pembroke Pines, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President - Marlene Lopin 18740 NW 24th Court Pembroke Pines, FL 33029
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**DO NOT WRITE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03

Date

954-450-8144

Daytime Phone #

CR2E034B (12/02)