

2008 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P04000079567

1. Entity Name

J. MARTINS GENERAL SERVICES CORP

Principal Place of Business

3841 W. HILLSBORO BLVD., #A 207
COCONUT CREEK FL 33073

Mailing Address

3841 W. HILLSBORO BLVD., #A 207
COCONUT CREEK FL 33073

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

USA

Zip

Country

USA

6. Name and Address of Current Registered Agent

MARTINS, JORGE L
3841 W. HILLSBORO BLVD., #A 207
COCONUT CREEK FL 33073

7. Name and Address of Now Registered Agent

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

Jorge L. Martins

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

(NOTE: Registered Agent signature required when reinstating)

02/04/08

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, 2008 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTINS, JORGE L	
STREET ADDRESS	3841 W. HILLSBORO BLVD., #A 207	
CITY - ST - ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000117495950	
CITY - ST - ZIP	02/07/08--01014--011 **450.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 qualified 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:

Jorge L. Martins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

020408 954 425-8089

Date

Daytime Phone #

FILED

08 FEB -7 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08^{KS}
DO NOT WRITE IN THIS SPACE