

2006 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90208 027 ***150.00

DOCUMENT# P04000134217

1. Entity Name

JJ LAMINATES, CORP.

Principal Place of Business

**700 E ATLANTIC BLVD #102
 POMPANO BEACH FL 33060**

Mailing Address

**700 E ATLANTIC BLVD #102
 POMPANO BEACH FL 33060**

2. Principal Place of Business

171 NW 19th STREET

3. Mailing Address

171 NW 19th STREET

Suite, Apt #, etc

Suite, Apt #, etc

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

4. FEI Number

20-1673496

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GABLER, ELIAS I JR
 700 E ATLANTIC BLVD #102
 POMPANO BEACH FL 33060**

7. Name and Address of Now Registered Agent

Name
GABLER, ELIAS I JR

Street Address (P O Box Number is Not Acceptable)
171 NW 19th STREET

City
POMPANO BEACH

FL Zip Code
33060

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]

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

(NOTE: Registered Agent signature required when reinstating)

05/01/06

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, 2005 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
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**PTD
 SHEYLA DA SILVA DUTRA
 2200 S CYPRESS BEND DR #701
 POMPANO BEACH FL 33069** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**VPSD
 ELIAS IVAN GABLER JR
 2200 S CYPRESS BEND DR #701
 POMPANO BEACH FL 33069** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**171 NW 19th STREET
 POMPANO BEACH, FL 33060** ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**171 NW 19th STREET
 POMPANO BEACH, FL 33060** ☐ Change ☐ Addition

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

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

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 CITY - ST - ZIP
☐ Change ☐ Addition

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

13. I Herely 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 another line empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/06 (954) 788-3948

Date

Daytime Phone #

40083259

DO NOT WRITE IN THIS SPACE