

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/1

**FILED**

**May 15, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90050 001 \*\*\*150.00

**DOCUMENT # P94000018796**

1. Entity Name

**J J M ELECTRIC, INC.**

Principal Place of Business

1291 A SOUTH POWERLINE RD.  
#249  
POMPANO BEACH FL 33069

Mailing Address

1291 A SOUTH POWERLINE RD.  
#249  
POMPANO BEACH FL 33069-4311

2. Principal Place of Business

**6730 NW 27th Terrace**

Suite, Apt. #, etc.

3. Mailing Address

**6730 NW 27th Terrace**

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale, FL 33309**

Zip

Country

**Broward**

City & State

**Ft. Lauderdale, FL 33309**

Zip

Country

**Broward**

4. FEI Number

**65-0473013**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FILINGS INC.  
3732 N.W. 16TH ST.  
FT. LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name **Joseph Mateychick**

Street Address (P.O. Box Number is Not Acceptable)  
**6730 NW 27th Terrace**

City **Ft. Lauderdale**

**FL**

Zip Code  
**33309**

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, 2000 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MATEYCHICK, JOSEPH J</b>	
STREET ADDRESS	<b>1291 A SOUTH POWERLINE RD #240</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	
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	<b>6730 NW 27th Terrace</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33309</b>	
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		
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 687, 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:

**Joseph Mateychick**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)