

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003050

Entity Name

JMC MULTI SERVICES, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90066 026 ***150.00

Principal Place of Business 95 W. SUNRISE BLVD. LAUDERDALE FL 33311	Mailing Address 2895 W. SUNRISE BLVD. FT. LAUDERDALE FL 33311-5632
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C0043925



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0021589	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMS, JOHN A 2895 W. SUNRISE BLVD. FT. LAUDERDALE FL 33311	7. Name and Address of New Registered Agent Name <i>Verdier M. Williams</i> Street Address (P.O. Box Number is Not Acceptable) <i>2895 W. Sunrise Blvd.</i> City <i>FT. Ldce</i> FL Zip Code <i>33311</i>
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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

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
LE ME REET ADDRESS Y-ST-ZIP	PTD WILLIAMS, VERDIE M 2895 W. SUNRISE BLVD. FT. LAUDERDALE FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	VSD WILLIAMS, VERDIE M 2895 W. SUNRISE BLVD. FT. LAUDERDALE FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Verdier M. Williams 3-18-00 (954) 791-1701

CR2E034 (9/99)