

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000016161

1. Entity Name

N J DEPENDABLE SERVICES, INC.

Principal Place of Business

8681 NW 24 ST  
SUNRISE FL 33322

Mailing Address

8681 NW 24 ST  
SUNRISE FL 33322

2. Principal Place of Business

7461 SW 16TH ST

Suite, Apt. #, etc.

3. Mailing Address

7461 SW 16TH ST

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

65-0550466

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33317

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROSS, JOAN  
8681 NW 24 ST  
SUNRISE FL 33322

Name Bross, Joan

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

7461 SW 16TH Street

City

Plantation

FL

Zip Code

33317

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 Joan Bross President

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

(NOTE: Registered Agent signature required when reinstating)

Joan Bross

DATE

4/6/01

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, 2001 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

TITLE ☐ Delete  
NAME PSTD  
STREET ADDRESS BROSS, JOAN  
CITY-ST-ZIP 8681 NW 24 ST  
SUNRISE FL 33322

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7461 SW 16TH ST  
CITY-ST-ZIP Plantation, FL 33317

TITLE ☐ Delete  
NAME V  
STREET ADDRESS BROSS, NEAL  
CITY-ST-ZIP 8681 NW 24TH ST.  
SUNRISE FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7461 SW 16TH ST  
CITY-ST-ZIP Plantation, FL 33317

TITLE ☐ Delete  
NAME V  
STREET ADDRESS BROSS, JASON  
CITY-ST-ZIP 8681 NW 24TH ST.  
SUNRISE FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7461 SW 16TH ST  
CITY-ST-ZIP Plantation, FL 33317

TITLE ☐ Delete  
NAME S  
STREET ADDRESS BROSS, AMY  
CITY-ST-ZIP 8681 NW 24TH ST  
SUNRISE FL 33322

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7461 SW 16TH ST  
CITY-ST-ZIP Plantation, FL 33317

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

Joan Bross Joan Bross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/6/01

Daytime Phone #

797-8109

00046203



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)