

2000 UNIFORM STATE REPORT (UBR)

DOCUMENT # P95000056420

1. Entity Name

J. & J. MAINTENANCE SERVICES, INC.

Principal Place of Business

5149 N.W. 32ND COURT
MARGATE FL 33063

Mailing Address

5149 N.W. 32ND COURT
MARGATE FL 33063-6906

2. Principal Place of Business

2407 N.W. 51ST WAY

3. Mailing Address

2407 N.W. 51ST WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT CREEK

City & State

COCONUT CREEK

Zip

33073

Country

FLORIDA

Zip

33073

Country

FLORIDA

4. FEI Number

65-0598787

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

VELIAN, KEITH
5149 N.W. 32ND COURT
MARGATE FL 33063

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 ☐ Delete
NAME D
STREET ADDRESS VELIAN, KEITH
CITY-ST-ZIP 5149 N.W. 32ND COURT
MARGATE FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 300015664639
STREET ADDRESS 04/11/03--01004--021 **450.00
CITY-ST-ZIP

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

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

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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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

03 APR -8 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

4-10-00

214-0070

2/4/8

Florida Dept of State
Division of Corporations
P.O. Box 1500
Tallahassee, Fl 32303-1500

Ref: J & J Maintenance Services Inc

Dear Sir or Madame:

Enclosed please find annual report and a check in the amount of \$450.00 for the past three years.

I moved my location and never received my annual renewal applications for the past three years. I cannot understand why they were not forwarded to my new address.

Please accept this payment and abate the penalties involved to re-instate my corporation. Thank you for your kind consideration.

Sincerely,

