

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094385

1. Entity Name

J & E SUPPLIES, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90053 029 ***150.00

Principal Place of Business

Mailing Address

4699 NORTH FEDERAL HIGHWAY
SUITE 203J
POMPANO BEACH FL 33064

4699 NORTH FEDERAL HIGHWAY
SUITE 203J
POMPANO BEACH FL 33064-6510

00020000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4699 N. FED. HWY
STE 106 A

3. Mailing Address

4171 NW 16TH AVE
A

City & State

POMPANO BEACH FL 33064

City & State

POMPANO BEACH FL

4. FEI Number

65-0641979

Applied For

Not Applicable

Zip

33064

Country

USA

Zip

33064

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

ROSENBAUM, RICHARD L
ONE EAST BROWARD BLVD.
SUITE 1500
FT. LAUDERDALE FL 33301

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME PLAZZA, ALAN
STREET ADDRESS 4699 N. FEDERAL HWY STE 203-J
CITY-ST-ZIP POMPANO BEACH FL

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

TITLE VP ☐ Delete
NAME BAUMAN, ROBERT
STREET ADDRESS 4699 NORTH FEDERAL HWY STE 203-J
CITY-ST-ZIP POMPANO BEACH FL

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

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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:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00

Date

954-784-3089

Daytime Phone #