

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 15, 2000 8:00 am**
Secretary of State

03-15-2000 90115 018 ***150.00

DOCUMENT # P96000019585

1. Entity Name

JAY MAR SHELVING INC.

Principal Place of Business

Mailing Address

4753 NW 103RD AVE
SUNRISE FL 33351
US7000 W. PALMETTO PARK ROAD
SUITE 400
BOCA RATON FL 33433-3425

2. Principal Place of Business

3. Mailing Address

7000 W. PALMETTO PARK RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State

City & State

BOCA RATON FL

Zip

Country

Zip

Country

33433-3425

U.S.A.

4. FEI Number

65-0649351

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

GARELLEK, STEVEN
7000 W. PALMETTO PARK ROAD
SUITE 400
BOCA RATON FL 33433

Name

STEVEN GARELLEK

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

7000 W. PALMETTO PARK RD SUITE 200

City

BOCA RATON

FL

Zip Code

33433-3425

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 State10. 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	BIRMAN, PERRY	12235 ROCKLEDGE CIRCLE	BOCA RATON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-00

(954) 748-0800

CR2E034 (9/99)