

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90017 021 ***150.00

DOCUMENT # P96000036165

1. Entity Name

JJM3 CAD, INC.

Principal Place of Business

6910 SW 15TH ST

1
POMPANO BEACH FL 33068
US

Mailing Address

6910 SW 15TH ST

1
POMPANO BEACH FL 33068
US

2. Principal Place of Business

2749 NE 25TH ST

Suite, Apt. #, etc.

3. Mailing Address

2749 NE 25TH ST

Suite, Apt. #, etc.

City & State

LIGHT HOUSE PT FL

Zip
33064

Country

U-S

City & State

LIGHT HOUSE PT FL

Zip

33064

Country

US

4. FEI Number

65-0661728

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATHURIN, JINNIE D
 6910 S.W. 15TH ST
 POMPANO BEACH FL 33068

7. Name and Address of New Registered Agent

Name

JINNIE D. MATHURIN

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

2749 NE 25TH ST

City

LIGHT HOUSE PT.

FL

Zip Code

33064

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.

(NOT Required Agent's 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, 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

TITLE PS ☐ Delete
 NAME MATHURIN, JUSTIN J
 STREET ADDRESS 6910 SW 15TH ST
 CITY-ST-ZIP POMPANO BEACH FL 33068

TITLE VT ☐ Delete
 NAME MATHURIN, JINNIE
 STREET ADDRESS 6910 SW 15TH ST
 CITY-ST-ZIP POMPANO BEACH FL 33068

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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 PRES. / SECRETARY ☒ Change ☐ Addition
 NAME MATHURIN, JUSTIN J
 STREET ADDRESS 2749 NE 25TH ST LHP
 CITY-ST-ZIP FL 33064

TITLE V.P. / TREA. ☒ Change ☐ Addition
 NAME MATHURIN, JINNIE
 STREET ADDRESS 2749 NE 25TH ST
 CITY-ST-ZIP LHP FL 33064

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

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

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUSTIN J. MATHURIN

Date

4/23/2001 954-788-9527

Daytime Phone #

CR2E034 (10/00)

0133258