

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019353

1. Entity Name

JM CONSTRUCTION & EQUIPMENT RENTAL CORPORATION

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90149 028 ***150.00

Principal Place of Business

Mailing Address

6433 NORTHWEST 24 STREET
MIRAMAR FL 33023

P.O. BOX 821042
SOUTH FLORIDA FL 33082-1042

2. Principal Place of Business

8521 N.W. 7 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

4. FEI Number

65-0731878

Applied For

Not Applicable

Zip

33024

Country

Broward

Zip

Country

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

TOOKER, LEWIS D JR
6433 N.W. 24 ST
MIRAMAR FL 33023

Name

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

8521 N.W. 7 ST

Pembroke Pines

FL

Zip Code

33024

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
TOOKER, LEWIS D JR
6433 NORTHWEST 24 STREET
MIRAMAR FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
TOOKER, LEWIS D. JR
8521 N.W. 7 ST
Pembroke Pines, FL 33024 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MENDEZ, JOSE
6433 NORTHWEST 24 STREET
MIRAMAR FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MENDEZ, JOSE
8521 N.W. 7 ST
Pembroke Pines, FL 33024 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

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 #

954.383.2653