

2000 UNIFORM BUSINESS REPORT (UBR)

0198166

DOCUMENT # P99000003894

1. Entity Name

JDE-MOORE GROUP, INC.

FILED

00 MAY 22 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE #2400
MIAMI FL 33131

THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE #2400
MIAMI FL 33131-1716

2. Principal Place of Business

3. Mailing Address

612 S.E. 5 AVE
Suite, Apt. #, etc.
#4

612 S.E. 5 AVE
Suite, Apt. #, etc.
#4

City & State
Ft Lauderdale, FL

City & State
Ft Lauderdale, FL

Zip Country
33301

Zip Country
33301

4. FEI Number
65-0901688

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIELS, NICHOLAS M ESQ.
THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE #2400
MIAMI FL 33131

Name
MOORE, HARRIETTE
Street Address (P.O. Box Number is Not Acceptable)
612 S.E. 5 AVE #4
City Ft. Lauderdale FL Zip Code 33301

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 Harriette Moore HARRIETTE MOORE DATE 4/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	EVANS, JAMES D	
STREET ADDRESS	6520 S.W. 134 DRIVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	1	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, HARRIETTE	
STREET ADDRESS	612 S.E. 5 AVE #4	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: James D. Evans James D. Evans DATE 4/28/00 954-522-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)