

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003894

1. Entity Name

JDE-MOORE GROUP, INC.

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90197 001 ***635.00

40142



DO NOT WRITE IN THIS SPACE

Principal Place of Business

612 S.E. 5 AVE
#4
FT. LAUDERDALE FL 33301

Mailing Address

612 S.E. 5 AVE
#4
FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite #1

Suite, Apt. #, etc.

Suite #1

City & State

City & State

4. FEI Number 65-0901688

Applied For
Not Applicable

Zip

Country

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

MOORE, HARRIETTE
612 S.E. 5 AVE
#4
FT. LAUDERDALE FL 33301

Name

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

Suite #1

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 re-statuting)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME EVANS, JAMES D
STREET ADDRESS 6520 S.W. 134 DRIVE
CITY-ST-ZIP MIAMI FL 33156

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 612 SE 5th Ave Suite #1
CITY-ST-ZIP Ft Lauderdale, FL 33301

TITLE D ☐ Delete
NAME MOORE, HARRIETTE
STREET ADDRESS 612 S.E. 5 AVE #4
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 612 SE 5th Ave Suite #1
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Delete
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

JAMES D EVANS 4/16/01 954-502-7770

Date

Daytime Phone #

CR2E034 (10/00)