

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041151

1. Entity Name

J & B CARPENTRY, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90101 005 ***150.00

Principal Place of Business

215 N.E. 10TH AVE. APT. 3
HALLANDALE FL 33009

Mailing Address

215 N.E. 10TH AVE. APT. 3
HALLANDALE FL 33009

C0014697



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

203 N.E. 1ST

Suite, Apt. #, etc.

3. Mailing Address

203 N.E. 1ST

Suite, Apt. #, etc.

City & State

Dania Bch. FL

City & State

Dania Bch FL

4. FEI Number

65-0923078

Applied For

Not Applicable

Zip

Country

33004

USA

Zip

Country

33004

USA

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

BOGDANOWITZ, JASON B
215 N.E. 10TH AVE. APT. 3
HALLANDALE FL 33009

Name

Street Address (P.O. Box Number is not acceptable)

203 NE 1ST

City

Dania Bch

FL

Zip Code

33004

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

Jason Bogdanowitz

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/01

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	<input type="checkbox"/> Delete
NAME	BOGDANOWITZ, JASON B	
STREET ADDRESS	215 N.E. 10TH AVE. APT. 3	
CITY-ST-ZIP	HALLANDALE FL 33009	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	203 NE 1ST	
STREET ADDRESS	Dania Bch. FL	
CITY-ST-ZIP	33004	
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:

Jason Bogdanowitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/01

CR2E034 (10/00)