

2000 UNIFORM BUSINESS REPORT (UBR)

03-13-2001 90061 036 ***550.00
P99000063945

DOCUMENT # P99000063945

1. Entity Name

J & J TRIM CARPENTRY GROUP, INC.

Principal Place of Business

6240 SW 8TH COURT
NORTH LAUDERDALE FL 33068

Mailing Address

6240 SW 8TH COURT
NORTH LAUDERDALE FL 33068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMIREZ, JOSE F
6240 SW 8TH COURT
NORTH LAUDERDALE FL 33068

Name

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

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

JOSE F. RAMIREZ

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-01

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	☐ Delete
NAME	RAMIREZ, JOSE F	
STREET ADDRESS	6240 SW 8TH COURT	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	D	☐ Delete
NAME	RAMIREZ, ELVIRA	
STREET ADDRESS	6240 SW 8TH COURT	
CITY-ST-ZIP	NORTH LAUDERDALE 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☒ Change ☐ Addition
NAME	RAMIREZ JOSE F.	
STREET ADDRESS	7837 NW 62 TER	
CITY-ST-ZIP	PARKLAND FL 33067-3350	
TITLE	D	☒ Change ☐ Addition
NAME	RAMIREZ ELVIRA	
STREET ADDRESS	7837 NW 62 TER	
CITY-ST-ZIP	PARKLAND FL 33067-3350	
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 REQUIRED

JOSE F. RAMIREZ

4-4-01 (954)295-1176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -1 PM 12:09



REINSTATEMENT

00-01

4. FEI Number

65-1084054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (5/00)

3/14