2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 11, 2000 08:00 AM DOCUMENT # P9900085820 **Secretary of State** JMS CONSTRUCTION CONSULTANTS, INC. Principal Place of Business Mailing Address 1978 N.W. 100TH WAY 1978 N.W. 100TH WAY PEMBROKE PINES PEMBROKE PINES FL FL 33024 33024 2. Principal Place of Business 3. Mailing Address 801 NW 156 AVE 801 NW 156 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For PEMBROKE PINES FL PEMBROKE PINES FL 65-0951455 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAMAHA JOSEPH SAMAHA TPRES 1978 N.W. 100TH WAY Street Address (P.O. Box Number is Not Acceptable) 801 NW 156 AVE PEMBROKE PINES 33024 City Zip Code PEMBROKE PINES 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. 09/11/2000 JOSEPH T. SAMAHA Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TILE PRES ☐ Detete ☐ Change X Addition NAME SAMAHA JOSEPH TPRES STREET ADDRESS STREET ADDRESS 801 NW 156 AVE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES 33028 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8 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.