

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085971

1. Entity Name

JBSOFT CONSULTING, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90044 016 ***158.75

Principal Place of Business

Mailing Address

658 LAKE BOULEVARD
FORT LAUDERDALE FL 33326

658 LAKE BOULEVARD
FORT LAUDERDALE FL 33326-3539

B0040735



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

658 LAKE BLVD

3. Mailing Address

658 LAKE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. Lauderdale FL

City & State

FT. Lauderdale, FL

4. FEI Number

65-0944161

Applied For

Not Applicable

Zip

33326

Country

Broward

Zip

33326

Country

Broward

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAND, J. MAURICE
19643 N.W. 87TH COURT
HIALEAH FL 33018

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/00

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

X

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
W. JOHN BEMMA II
658 LAKE BLVD
FT Lauderdale, FL 33326

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
J. Maurice BRAND
19643 NW 87TH COURT
HIALEAH, FL. 33018

☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

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

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:

W. JOHN BEMMA II

3/10/2000

954-385-3214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)