

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088937

1. Entity Name

J.M.N. CONSTRUCTION, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90091 022 ***150.00

Principal Place of Business

Mailing Address

8855 N.W. 117 STREET
HIALEAH GARDENS FL 33018

8855 N.W. 117 STREET
HIALEAH GARDENS FL 33018-1946

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number

65-0952931

Applied For

Not Applicable

Zip
33016

Country
Miami, Dade

Zip
33016

Country
Miami, Dade

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

FERRER, JOSE C
8855 N.W. 117 STREET
HIALEAH GARDENS FL 33018

(NEW ADDRESS)
ONLY 4

Name
(SAME) FERRER, JOSE C.

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

8514 N.W. 165 TERR.

City

Miami

FL

Zip Code

33016

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

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, 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	PSTD FERRER, JOSE C 8514 N.W. 165 TERR MIAMI FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)