

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
 01-19-2000 90086 013 ***150.00

DOCUMENT # S45910

1. Entity Name

J.F.M. BUSINESS TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

3892 PROSPECT AVE.
 SUITE 3
 WEST PALM BEACH FL 33404

3892 PROSPECT AVE.
 SUITE 3
 WEST PALM BEACH FL 34991-0548
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 548

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm City, FL

Zip

Country

Zip 34991

Country

Martin

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULACH, JOEL F.
 3892 PROSPECT AVE
 SUITE 3
 WEST PALM BEACH FL 33404

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

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	PD MULACH, JOEL F. 901 NORTHPOINT PKWY, STE 309 W PALM BCH FL	<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

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 #

1/4/00

561-781 8541

CR2E034 (9/99)