

2000 UNIFORM BUSINESS REPORT (UBR)

06-12-2000 90042 027 ***150.00

V04479

DOCUMENT # **V04479**
Entity Name **J.M.M. Const Inc**

FILED

01 JAN -8 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00063602

Principal Place of Business **2180 AVE 85 AVE 11045 NW 39 ST**
Mailing Address **SUNRISE FL 33322 Bld 7 APT 101**

Principal Place of Business **11045 NW 39 ST**
Suite, Apt. #, etc. **Bld 7- APT 101**
City & State **SUNRISE FL**
Zip **33351**
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE
65-0308351

4. FEI Number **650865802**
Applied For
Not Applicable

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

Name **Daniel R. Farmer EA**
Street Address (P.O. Box Number is Not Acceptable)
1933 Pembroke Road
City **Hollywood** FL Zip Code **33020**

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 **Daniel R. Farmer** **11/22/00**
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	P JOSEPH ELLIS 11045 NW 39 ST #7-101 SUNRISE FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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01/17/01-01013-009
******400.00 ****400.00**

CR2034 (9/99)

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: **Joseph B. Ellis** **President** **6-4-00** **954-253 8980**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #