

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90043 016 ***150.00

DOCUMENT # M32627

1. Entity Name
J.T. OF MIAMI, INC.

Principal Place of Business % RHONDA LEWIN 2805 N. STATE ROAD 7 HOLLYWOOD FL 33021	Mailing Address % RHONDA LEWIN 2805 N. STATE ROAD 7 HOLLYWOOD FL 33021
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924536



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2702077		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent LEWIN, RHONDA 2805 N. STATE ROAD 7 HOLLYWOOD FL 33021				7. Name and Address of New Registered Agent Name: Sondra Federici Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:			
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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: *Sondra Federici* DATE: **2/14/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP	NAME FEDERICI, SONDR	<input type="checkbox"/> Delete	TITLE VP	NAME Naomi Lewin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2805 N. STATE ROAD 7	CITY-ST-ZIP HOLLYWOOD FL		STREET ADDRESS 2805 NO. STATE ROAD #7	CITY-ST-ZIP Hollywood FL 33021	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE VP	NAME James Federici	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS 2805 NO. STATE ROAD #7	CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE VP	NAME Curt Lewin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS 2805 N. STATE ROAD #7	CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE VP	NAME Rhonda Hernandez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS 2805 N. STATE ROAD #7	CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE VP	NAME Harley Lewin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS 2805 NO. STATE ROAD #7	CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE VP	NAME Debrah Lewin	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS 2805 NO. STATE ROAD #7	CITY-ST-ZIP HOLLYWOOD, FL 33021	

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: *Sondra Federici* **Sondra Federici** DATE: **2/14/01** DAYTIME PHONE #: **954-933-0506**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)