

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015737

1. Entity Name

JT'S WORLD OF PRODUCTS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90050 043 ***150.00

Principal Place of Business

Mailing Address

920 NW 45 ST.
#4
POMPANO BEACH FL 33064

920 NW 45 ST.
#4
POMPANO BEACH FL 33064-1194

2. Principal Place of Business

2881 EL RANCHO

3. Mailing Address

2881 EL RANCHO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MARGATE FL

City & State

MARGATE FL

City & State

Zip

33063

Country

USA

Zip

33063

Country

4. FEI Number

65-0728929

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

ESTNER, LAURA
920 N.W. 45 STRET #4
POMPANO FL 33064

Name

LAURA ESTNER

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

2881 EL RANCHO

City

MARGATE

FL

Zip Code

33063

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 LAURA ESTNER

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

Laura Estner

(NOTE: Registered Agent signature required when reinstating)

4-10-00

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
TRAMONTANA, JOSEPH
920 NW 45 ST. #4
POMPANO BEACH FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2881 EL RANCHO
MARGATE FL 33063 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
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:

Joseph Tramontana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

954-784-5185

Daytime Phone #

CR2E034 (9/99)