

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087635

1. Entity Name

JAMES TREE ENTERPRISES, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90006 008 ***550.00

Principal Place of Business

1800 NE 114 STREET #802
NORTH MIAMI FL 33181

Mailing Address

1800 NE 114 STREET #802
NORTH MIAMI FL 33181

2. Principal Place of Business

1800 NE 114 ST
Suite, Apt. #, etc. #610
City & State NORTH MIAMI, FL
Zip 33181 Country USA

3. Mailing Address

1800 NE 114 ST
Suite, Apt. #, etc. #610
City & State NORTH MIAMI, FL
Zip 33181 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0875424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEPAK, JAMES
1800 NE 114 STREET #802
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name JAMES KLEPAK
Street Address (P.O. Box Number is Not Acceptable) 1800 NE 114 ST
#610
City N MIAMI FL Zip 33181

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	KLEPAK, JAMES	
STREET ADDRESS	1800 NE 114 STREET #802	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEPAK, JAMES	
STREET ADDRESS	1800 NE 114 STREET #802	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	#610	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	#610	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED (PAID)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES KLEPAK
9-10-00 305 893-7081

CR2E034 (5/00)