

PROFIT  
**NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90234 001 \*\*\*\*\*8.75  
05-20-2002 90234 002 \*\*\*150.00

DOCUMENT # 701000091330

1. Entity Name

J & T COUNTER TOPS, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11201 SW 55 ST, I-15

3. Mailing Address

11201 SW 55 STREET

Suite, Apt. #, etc.

I-15

Suite, Apt. #, etc.

BOX 98

City & State

MIRAMAR, FLORIDA

City & State

MIRAMAR, FLORIDA

4. FEI Number

65-1147736

Applied For

Not Applicable

Zip

33025

Country

USA

Zip

33025

Country

USA

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

JAVIER MACIAS

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

11201 SW 55 ST, BOX 98

City

MIRAMAR

FL

Zip Code

33025

**DO NOT WRITE  
IN THIS SPACE**

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

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME JAVIER MACIAS  
STREET ADDRESS 11201 SW 55 ST, BOX 98  
CITY-ST-ZIP MIRAMAR, FL: 33025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME JAVIER MACIAS  
STREET ADDRESS 11201 SW 55 ST, BOX 98  
CITY-ST-ZIP MIRAMAR, FL: 33025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME JAVIER A. MACIAS  
STREET ADDRESS 11201 SW 55 ST, BOX 98  
CITY-ST-ZIP MIRAMAR, FL: 33025

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**DO NOT WRITE  
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

(305) 623-9838

Daytime Phone #

CR2E037B (12/01)