

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 328163

1. Entity Name
JAMES T. CORP.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90037 050 ***150.00

Principal Place of Business

Mailing Address

~~8737 SOUTHWEST 132 STREET~~
~~MIAMI FL 33176~~

~~8737 SOUTHWEST 132 STREET~~
~~MIAMI FLA 34990-7910~~

2. Principal Place of Business

3. Mailing Address

5155 S.W. HAMMOCK CREEK DRIVE SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM CITY, FLORIDA

City & State
SAME

4. FEI Number 59-1216310

Applied For
Not Applicable

Zip Country
34990 U.S.A.

Zip Country
SAME SAME

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

THOMAS, JAMES P.
~~8737 SW 132 STREET~~
~~MIAMI FL~~

Name

Street Address (P.O. Box Number is Not Acceptable)
5155 S.W. HAMMOCK CREEK DRIVE

City State Zip Code
PALM CITY FL 34990

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 _____ (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 P
NAME THOMAS, JAMES
STREET ADDRESS 11570 SW 95 AVENUE
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS 5155 S.W. HAMMOCK CREEK DRIVE
CITY-ST-ZIP PALM CITY, FLORIDA 34990

TITLE STD
NAME THOMAS, DEREDA
STREET ADDRESS 11570 SW 95 AV
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS 5155 S.W. HAMMOCK CREEK DRIVE
CITY-ST-ZIP PALM CITY, FLORIDA 34990

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: *James P. Thomas* PRESIDENT

3-9-00

561-287-1114

JAMES P. THOMAS, PRESIDENT

CR2E034 (9/99)