

# 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

Mailing Address

% RHONDA LEWIN  
 2805 N. STATE ROAD 7  
 HOLLYWOOD FL 33021

% RHONDA LEWIN  
 2805 N. STATE ROAD 7  
 HOLLYWOOD FL 33021

**924536**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2702077**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~LEWIN, RHONDA~~  
 2805 N. STATE ROAD 7  
 HOLLYWOOD FL 33021

Name  
**Sondra Federici**  
 Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/14/01**

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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	FEDERICI, SONDRA	
STREET ADDRESS	2805 N. STATE ROAD 7	
CITY-ST-ZIP	HOLLYWOOD FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Naomi Lewin	
STREET ADDRESS	2805 NO. STATE ROAD #7	
CITY-ST-ZIP	Hollywood FL 33021	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Federici	
STREET ADDRESS	2805 NO. STATE ROAD #7	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Curt Lewin	
STREET ADDRESS	2805 N. STATE ROAD #7	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rhonda Hernandez	
STREET ADDRESS	2805 N. STATE ROAD #7	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harley Lewin	
STREET ADDRESS	2805 NO. STATE ROAD #7	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debrah Lewin	
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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sondra Federici*

**2/14/01**

Date

**954-923-0506**

Daytime Phone #

CR2E034 (10/00)