

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90496 009 ***158.75

DOCUMENT # P00000003687

1. Entity Name

F.J.T., Inc. ✓

Principal Place of Business

Mailing Address

431 NE 132 St.
 North Miami Fl. 33161

same

A0042842

2. Principal Place of Business

431 NE 132 St.

3. Mailing Address

431 NE 132 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Miami Fl

City & State

North Miami Fl

4. FEI Number

15-1041889

Applied For

Not Applicable

Zip

33161

Country

Dade

Zip

33161

Country

Dade

5. Certificate of Status Desired ☒ C

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Francisco J Trujillo
 431 NE 132 St.
 North Miami Fl 33161

7. Name and Address of New Registered Agent

Name

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

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) ☒ X

FILE NOW!!! FEE IS \$150.00 158.75
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

TITLE D ☐ Delete
 NAME Francisco J Trujillo
 STREET ADDRESS 431 NE 132 St.
 CITY-ST-ZIP No Miami Fl 33161

TITLE D ☐ Delete
 NAME Amparo Trujillo
 STREET ADDRESS 431 NE 132 St.
 CITY-ST-ZIP No Miami Fl 33161

TITLE D ☐ Delete
 NAME Francisco Trujillo Sr
 STREET ADDRESS 431 NE 132 St.
 CITY-ST-ZIP No Miami Fl 33161

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)