2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State
04-29-2003 90068 016 ***150.00

DOCUMENT # **P01000069838**

1. Entity Name
JTS LIMITED INC.

Principal Place of Business	Mailing Address
5786 SUNSET DRIVE SOUTH MIAMI, FL	5786 SUNSET DRIVE SOUTH MIAMI, FL 33143

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
5788 SUNSET DR		5788 SUNSET DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: SOUTH MIAMI		City & State: SOUTH MIAMI	
Zip: 33143	Country: U.S.	Zip: 33143	Country: U.S.

4. FEI Number **65-1124856** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MENKIN, STEVEN G
5786 SUNSET DRIVE
SOUTH MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name: HELENA STUART
Street Address (P.O. Box Number is Not Acceptable): 5788 SUNSET DR.
City: SOUTH MIAMI FL Zip Code: 33143

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X Helena Stuart
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MENKIN, STEVEN G 5786 SUNSET DRIVE SOUTH MIAMI, FL 33143	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. HELENA STUART 5788 SUNSET DR. SOUTH MIAMI FL 33143	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RUIZ DE CASTILLA, TERRY M 5786 SUNSET DRIVE SOUTH MIAMI, FL 33143	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Helena Stuart — 305 740 0449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #