FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL 18 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/23/02--01055--013
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DOCUMENT # P01000103931

1. Entity Name
J.T. COLLECTION, INC
12000 N BAYSHORE DR #212
N MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12000 N BAYSHORE DR	
Suite, Apt. #, etc.: #212	Suite, Apt. #, etc.
City & State: N. MIAMI, FL	City & State
Zip: 33181 Country: MIAMI-DADE	Zip Country

4. FEI Number: 65-1149668 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: CLAIRE E TYLER

Street Address (P.O. Box Number is Not Acceptable): 12000 N. BAYSHORE DR #212

City: N. MIAMI **FL** Zip Code: 33181

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. ORIGINAL OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
D/P/S/T CLAIRE E TYLER 12000 N. BAYSHORE DR #212 N MIAMI, FL 33181

AMENDED

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
D/VP CLAIRE E. TYLER 12000 N. BAYSHORE DR #212 N MIAMI, FL 33181
D/P JENNIFER M. TYLER 12000 N. BAYSHORE DR #212 N MIAMI, FL 33181
D/S/T DENNIS D. NICHOLS 2140 NE 123RD STREET N. MIAMI, FL 33181

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis D Nichols DENNIS D. Nichols SECY/TREAS 6/24/02 305-865-6453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #