

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91018 034 ***150.00

DOCUMENT # **P02000035604**

1. Entity Name
MISTER SOTTEE OF SOUTH FLORIDA, INC.

JUST N TIME INC,

Principal Place of Business
**21871 NW 2ND CT
PEMBROKE PINES FL 33029**

Mailing Address
**21871 NW 2ND CT
PEMBROKE PINES FL 33029**



2. Principal Place of Business

6500 SW 188TH AVE
Suite, Apt. #, etc.

3. Mailing Address

6500 SW 188TH AVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

SW RANCHES FLORIDA SOUTH WEST RANCHES FL

Zip
33332

Country

Zip

33332

Country

4. FEI Number

82-0541282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORALES, PAUL A
21871 NW 2ND CT
PEMBROKE PINES FL 33029**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/18/03

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

TITLE **PD** ☐ Delete
NAME **MORALES, PAUL A**
STREET ADDRESS **21871 NW 2ND CT**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/03 954-701-9966

CR2E034 (10/02)