

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

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

3/1

03-17-2003 90109 002 \*\*\*150.00

**DOCUMENT # P02000045319**

1. Entity Name  
**J. SCINTA INC.**



Principal Place of Business  
**8203 NW 93 AVE  
TAMARAC FL 33321**

Mailing Address  
**8203 NW 93 AVE  
TAMARAC FL 33321**

00000100



2. Principal Place of Business  
**8203 NW 93 AVE**

3. Mailing Address  
**8203 NW 93 AVE**

Suite, Apt. #, etc.  
**F.I.F.**

CHECK HERE IF MAKING CHANGES

City & State  
**TAMARAC FL**

City & State  
**TAMARAC FL**

Zip  
**33321**

Country  
**USA**

4. FEI Number  
**37-1428465**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCINTA, JOHN  
8203 NW 93 AVE  
TAMARAC FL 33321**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_

State **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 *John Scinta* (NOTE: Registered Agent signature required when reinstating)

DATE **5/10/03**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST SCINTA, JOHN 8203 NW 93 AVE TAMARAC FL 33321</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V KLIEN, KARIN 8203 NW 93 AVE TAMARAC FL 33321</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *John Scinta* **REQUIRED**

DATE: **1/10/03**

DAYTIME PHONE #: **(954) 578-5885**

CR2E034 (10/02)

1 800-352-3671

Attachment



55053155

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

P02000045319

March 19, 2003

1 866-816-2065

J. SCINTA INC.  
8203 NW 93 AVE.  
TAMARAC, FL 33321

1 800 829-3676  
85-4

Subject: J. SCINTA INC.

Reference Number: P02000045319

866 816

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/rj  
ANNUAL REPORTS SECTION