

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90068 012 \*\*\*150.00

0575371

**DOCUMENT # P39461**

1. Entity Name

**JETRO CASH AND CARRY ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

15-24 132 ST  
COLLEGE POINT NY 11356  
US

15-24 132 ST  
COLLEGE POINT NY 11356  
US

00020633



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-2847390**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAX, MICHAEL**  
**C/O THE MANAGER**  
**2041 N.W. 12TH AVENUE**  
**MIAMI FL 33127**

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)

**FILE NOW!!! FEE IS \$150.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	KIRSCHNER, RICHARD	
STREET ADDRESS	15-24 132ND ST	
CITY-ST-ZIP	COLLEGE PT NY 11356	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FLEISHMAN, STANLEY	
STREET ADDRESS	2041 N.W. 12TH AVE	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEBOWITZ, MORRIS	
STREET ADDRESS	15-24 132ND ST	
CITY-ST-ZIP	COLLEGE PT NY 11356	
TITLE	DST	<input type="checkbox"/> Delete
NAME	RUBANENKO, SAMUEL B.	
STREET ADDRESS	2300 57TH ST	
CITY-ST-ZIP	VERNON CA 90058	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	EMMERT, BRIAN	
STREET ADDRESS	15-24 132ND STREET	
CITY-ST-ZIP	COLLEGE POINT NY 11356	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

1/15/01

(718) 762-8700

Date

Daytime Phone #

CR2E034 (10/00)