

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000000808

1. Entity Name
R J T INCORPORATED

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90020 013 ***150.00

Principal Place of Business

1835 PURDY AVE
MIAMI BEACH FL 33139

Mailing Address

1835 PURDY AVE
MIAMI BEACH FL 33139

910738



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1900 Sunset Hnb. Dr.

Suite, Apt. #, etc.

#1

3. Mailing Address

1900 Sunset Hnb Dr.

Suite, Apt. #, etc.

Suite 1

City & State

Miami Beach, FL

City & State

Miami Beach FL

4. FEI Number

65-0384515

Applied For

Not Applicable

Zip

33139

Country

Dade

Zip

33139

Country

Dade

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

TURCHIN, JOHN A

1835 PURDY AVENUE

MIAMI BEACH FL 33139

Name

John Turchin

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

1900 Sunset Hnb. Dr.

Suite 1

City

Miami Beach

FL

Zip Code

33139

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]

(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	DS	<input type="checkbox"/> Delete
NAME	TURCHIN, ROBERT	
STREET ADDRESS	1835 PURDY AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DP	<input type="checkbox"/> Delete
NAME	TURCHIN, JOHN	
STREET ADDRESS	1835 PURDY AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	TURCHIN, TOM	
STREET ADDRESS	1835 PUNDY AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Turchin, Robert	
STREET ADDRESS	1900 Sunset Hnb. Dr. Suite 1	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Turchin, John	
STREET ADDRESS	1900 Sunset Hnb. Dr. Suite 1	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Turchin, Tom	
STREET ADDRESS	1900 Sunset Hnb. Dr. Suite 1	
CITY-ST-ZIP	Miami Beach, FL 33139	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2001

Date

305-672-0702

Daytime Phone #

CR2E034 (10/00)