

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

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90079 017 ***150.00

DOCUMENT # P94000072872
1. Entity Name
GROUP JTS INC

DO NOT WRITE IN THIS SPACE

40014734

2. Principal Place of Business 10272 CAYMAN ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State COOPER CITY, FL		City & State	
Zip 33026	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0525230		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name A & J ADCISORY SERVICE, INC	
		Street Address (P.O. Box Number is Not Acceptable) 2620 BUTTONWOOD AVE	
		City MIRAMAR	FL

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 _____ **1/21/2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11.			
TITLE	PRESIDENT AND SECRETARY			TITLE			
NAME	JOSEPH TACHER			NAME			
STREET ADDRESS	3893 FALCON RIDGE CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33331			CITY-ST-ZIP			
TITLE	VP			TITLE			
NAME	VICTOR TACHER			NAME			
STREET ADDRESS	10272 CAYMAN ST			STREET ADDRESS			
CITY-ST-ZIP	COOPER CITY FL 33026			CITY-ST-ZIP			
TITLE	T			TITLE			
NAME	SARA TACHER			NAME			
STREET ADDRESS	3893 FALCON RIDGE CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	COOPER CITY FL 33331			CITY-ST-ZIP			
TITLE				TITLE			
NAME				NAME			
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CITY-ST-ZIP				CITY-ST-ZIP			

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: _____ **Joseph Tacher President** **1/29/2005** **(954) 437-1427**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #