

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000085926

1. Entity Name

J & T DISTRIBUTORS, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90127 045 \*\*\*150.00

Principal Place of Business

Mailing Address

PO BOX 522032  
MIAMI FL 33152-2032  
US

PO BOX 522032  
MIAMI FL 33152-2032  
US



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 **65-0539604**

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

PEREZ-STOKES, MAVEL  
2166 NORTHWEST 191ST AVENUE  
PEMBROKE PINES FL 33029

Name

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

City

**FL**

Zip Code

8. The above information is true and correct to the best of my knowledge and belief, and I am not aware of any change of registered office or registered agent, or both, in the State of Florida.

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, 2000 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STOKES, JERRY L JR</b>	
STREET ADDRESS	<b>2166 NW 191ST AVENUE</b>	
CITY-ST-ZIP	<b>PEMBORKE PINES FL 33029</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARBUR, TED J</b>	
STREET ADDRESS	<b>15681 SW 147TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 affidavit with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/2000

Date

(305) 470-9696

Daytime Phone #

CR2E014 (9/99)