

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051093

1. Entity Name

JTTD, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90037 038 ***150.00

Principal Place of Business

Mailing Address

1835 PURDY AVENUE
MIAMI BEACH FL 33139

1835 PURDY AVENUE
MIAMI BEACH FL 33139-1425

2. Principal Place of Business

3. Mailing Address

1900 Sunset Hn Dr

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

City & State

City & State

Miami Beach

Florida

Zip

Country

Zip

Country

33139

Dade

4. FEI Number

65-0671608

Applied For

Not Applicable

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

~~FIELDSTONE, RONALD R~~
~~200 SO DISCAYNE BLVD.~~
~~STE 2100~~
~~MIAMI FL 33131~~

Name

John Turchin

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

1900 Sunset Harbor 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, typed or printed name of registered agent and fee 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, 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 ☐ Delete
NAME D
STREET ADDRESS TURCHIN, JOHNQ
CITY-ST-ZIP 1835 PURDY AVENUE
MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS John Turchin
CITY-ST-ZIP 1900 Sunset Harbor Dr. Suite 1
Miami Beach, FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

4/20/00 305 672-0702

CR2E034 (9/99)