

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91198 014 ***150.00

DOCUMENT # P96000053918

1. Entity Name

JUST TEE'S INC.

Principal Place of Business

**1360 NW 65TH AVENUE
BAY P
PLANTATION FL 33313**

Mailing Address

**1360 NW 65TH AVENUE
BAY P
PLANTATION FL 33313**

2. Principal Place of Business

6554 NW 13 COURT

3. Mailing Address

6554 NW 13 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

PLANTATION, FL

Zip

33313

Country

BROWARD

Zip

33313

Country

BROWARD

4. FEI Number

65-0679183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRIEDMAN, MARC
1360 NW 65TH AVENUE
PLANTATION FL 33313**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE ☐ Delete
NAME **PVTS**
STREET ADDRESS **ISAACS, JACOB**
CITY-ST-ZIP **653 NW 89TH AVENUE
PLANTATION FL 33313**

TITLE ☐ Delete
NAME **D**
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONAL OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Jacob [REDACTED] Isaacs**
STREET ADDRESS **9938 NW 56th Pl**
CITY-ST-ZIP **Coral Springs, FL 33076-2836**

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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 [REDACTED] empowered.

SIGNATURE: X [REDACTED] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)