

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073998

1. Entity Name

THIGHT CORPORATION

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

05-03-2000 90144 014 \*\*\*150.00

Principal Place of Business

Mailing Address

1500 SE 3RD COURT  
#102  
DEERFIELD BEACH FL 33441  
US

P. O. BOX 9837  
CORAL SPRINGS FL 33075-0837  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
#102

Suite, Apt. #, etc.

City & State

City & State

DEERFIELD BEACH

CORAL SPRINGS

Zip  
33075

Country  
USA

Zip  
33075

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0731441

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

LIMA, JOSE C JR.  
1500 SE 3RD COURT  
#102  
DEERFIELD BEACH FL 33441

Name JOSE C. LIMA

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

3899 SANCTUARY DR.

CORAL SPRINGS

FL

Zip Code 33065

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, 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 P ☐ Delete  
NAME LIMA, JOSE C JR.  
STREET ADDRESS 3899 SANCTUARY DR.  
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 #

April 23 - 904-757-2444