

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094156

1. Entity Name
J.P.I. SALES, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90024 003 ***550.00

Principal Place of Business
7600 B WILES RD
CORAL SPRINGS FL 33071
US

Mailing Address
7600 B WILES RD
CORAL SPRINGS FL 33071
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0799578

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

PISCATELLO, JOHN
7600 B WILES RD
CORAL SPRINGS FL 33071

Name
Street Address (P.O. Box Number is Not Acceptable)
6416 BARTON CREEK CIRCLE
City LAKE WORTH FL Zip Code 33463

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME PISCATELLO, JOHN
STREET ADDRESS 10320 N.W. 6TH STREET
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE
NAME
STREET ADDRESS 6416 BARTON CREEK CIRCLE
CITY-ST-ZIP LAKE WORTH, FL. 33463

TITLE S
NAME PISCATELLO, JOHN
STREET ADDRESS 10320 NW 6TH ST
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE
NAME
STREET ADDRESS 6416 BARTON CREEK CIRCLE
CITY-ST-ZIP LAKE WORTH, FL. 33463

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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] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-00
Date

Daytime Phone #

CR2E034 (5/00)