

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100113

1. Entity Name

J.T. FAMILY PROPERTIES, INC.

Principal Place of Business

9961 S.W. 130 STREET
MIAMI FL 33176

Mailing Address

~~9621 SW 100 AVE~~
~~MIAMI FL 33176~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9961 SW 130 ST

33176

USA

Mia FL

6. Name and Address of Current Registered Agent

JIMENEZ, MIGUEL JR.
9961 S.W. 130 STREET
MIAMI FL 33176

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 reinstalling)

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, 2001 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 P
NAME JIMENEZ, MIGUEL A JR.
STREET ADDRESS 9961 S.W. 130TH ST.
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE VP
NAME ~~TACORNAL, ALBERT J~~
STREET ADDRESS ~~9621 SW 100 AVENUE~~
CITY-ST-ZIP ~~MIAMI FL 33176~~ ☒ Delete

TITLE ST
NAME ~~TACORNAL, PATRICIA L~~
STREET ADDRESS ~~9621 SW 100 AVE~~
CITY-ST-ZIP ~~MIAMI FL 33176~~ ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V.P.
NAME VICKI L JIMENEZ
STREET ADDRESS 9961 SW 130 ST
CITY-ST-ZIP Mia FL 33176 ☐ Change ☒ Addition

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

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

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

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

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

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

Miguel A JIMENEZ JR

1/16/01

305-971-9992

Date

Daytime Phone #

CR2E034 (10/00)

0221644

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90160 041 ***150.00



DO NOT WRITE IN THIS SPACE