

1062

DOCUMENT # P- 980000 13832

1. Entity Name

J.T. Tool & Die, Inc

FILED

00 JUN 27 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9401 n.w. 109th st. Bay #6
medley, Florida 33178

2. Principal Place of Business

3. Mailing Address

Same as above

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Same as above

Same as above

08-0811237

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

33178

U.S.A

33178

U.S.A

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

John Tapia
9401 n.w. 109th st. Bay #6
medley, Florida 33178

Name

N/A

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

N/A

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
NAME
STREET ADDRESS
CITY-ST-ZIP
John Tapia
9401 n.w. 109th st Bay #6
medley, Florida 33178

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300003328413-1
-07/19/00--01091--018
*****300.00 *****300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

John Tapia - Pres

06-21-2000

304-889-2910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

*** DO NOT REMOVE ***

2062

May 7, 2000

State of Florida

Division of Corporation
Tallahassee, Fl.

Ref: J T Tools & Die Inc.
Document No. P-98000013832
EI # 65-0811237

Sirs:

Applying for a credit card Supplier, we were informed that the corporation above mentioned was inactive. We called immediately to Tallahassee and we were informed that we did not pay the fees for Corporation Annual Report for the years 1999 and 2000, but we never receive the form for paying.

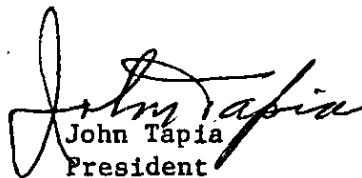
We think we file the Articles of Incorporation on Feb. 11/99 and we moved on June/98, informing the Post Office the change of address, we informed to the Department of Revenue the change, as you can see in the photocopy enclosed.

We want to inform you that it is and small business a machine shop, I am the president and the only person that work here.

Therefore I am asking you please waive the penalty and we pay the assigned fees.

We think this information will be sufficient for a reasonable cause.

Thank you in advanced.


John Tapia
President

9401 N.W. 109th St. Bay #6
Medley, Florida 33178

CERTIFICATE NO. 23-27-480187-80-9

Change of Address or Business Name

Please complete this form, sign it, and mail it with your return if:

- the address below is not correct
- the business location changes
- the business name changes

*If you move the business location to another county, you must complete a new *Application to Collect Tax in Florida (Form DR-1)*. You can obtain this form by: contacting your local Department of Revenue Service Center; calling Taxpayer Services at 1-800-352-3671 (in Florida only) or 850-488-6800; or using the FAX on Demand Document Retrieval System at 850-922-3676, Document Number 1001.

Change of Address

FEIN/SSN 62-0811237
Business Location 9401 N.W. 109th St Bay #6
City Medley State FL Zip 33178
Business Telephone (305) 889-2900 County Miami-Dade
Mailing Address Same as above
City _____ State _____ Zip _____
Owner's Telephone (_____) _____

Change of Business Name

Change Business Name To: N/A
(_____)
Telephone Number During Business Hours _____

J T Tax and Die Due
9401 N.W. 109th St Bay #6
Medley, Florida 33178

10-18-88
Date

1

Signature of Dealer