

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016430

1. Entity Name

T. J. International of Key West, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

12434 73 Court North

3. Mailing Address

12434 73 Court North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

West Palm Beach, FL

City &amp; State

West Palm Beach, FL

Zip

Country

33412

USA

Zip

Country

33412

USA

6. Name and Address of Current Registered Agent

Jose Iglesias

12434 73 Court North

West Palm Beach, FL

33412

4. FEI Number

65-0814418

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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

Jose Iglesias

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-02

DATE

FILE NOW:

FEES \$150.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D Jose Iglesias	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	12434 73 Court North	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33412	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose Iglesias Jose Iglesias President 4-30-02 305-296-8266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (11/00)