

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000043704**

1. Entity Name  
**JT Contractors, Inc.**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
05-11-2001 90309 050 \*\*\*150.00

Principal Place of Business  
**2051 NW 88 Way**  
**Pembroke Pines, FL 33024**

Mailing Address  
**2051 NW 88 Way**  
**Pembroke Pines, FL 33024**

**A0062251**

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-088 J162</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>Renée DeMaras</b> <b>2655 Le Jeune Road PH 1-D</b> <b>Coral Gables, FL 33134</b>				7. Name and Address of New Registered Agent Name <b>Madlaine C. Torres</b> Street Address Box Number (if applicable) <b>6707 NW 169 St. A-201</b> City <b>Miami</b> FL <b>33015</b>			
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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 **Madlaine C. Torres** DATE **4/24/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-statuting)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Oscar A. Torres</b> <b>2051 NW 88 Way Pembroke Pines FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Oscar A. Torres</b> <b>2051 NW 88 Way Pembroke Pines FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Kelli Torres</b> <b>2051 NW 88 Way Pembroke Pines FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Kelli Torres</b> <b>2051 NW 88 Way Pembroke Pines FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Madlaine C. Rodriguez</b> <b>6707 NW 169 St. A-201 Miami, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Madlaine C. Torres</b> <b>6707 NW 169 St A-201 Miami, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Madlaine C. Torres** DATE **4/24/01** DAYTIME PHONE # **954 433-7326**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)