

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000103498**

1. Entity Name

J.T. EXPRESS, INC.**FILED**
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90212 004 ***150.00

Principal Place of Business

**8702 N.W. 143 TERR
MIAMI LAKES FL 33018
US**

Mailing Address

**1501 WEST 41 STREET
APT #5B
HIALEAH FL 33012**

2. Principal Place of Business

**8732 NW 143 TERR
Suite, Apt. #, etc.**

3. Mailing Address

**8732 NW 143 TERR
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

Miami Lake FL

City & State

Miami Lake FL

4. FEI Number

65-0886943

Applied For

Not Applicable

Zip

33018

Country

Zip

33018

Country

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

6. Name and Address of Current Registered Agent

**TRASTOY, JOSE
8702 NW 143 TERR
MIAMI LAKES FL 33018**

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 reinstating)

DATE

1-10-20019. 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	D	<input type="checkbox"/> Delete
NAME	TRASTOY, JOSE	
STREET ADDRESS	8732 NW 143 TERR	
CITY - ST - ZIP	MIAMI LAKES FL 33018	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRASTOY, ILEANA	
STREET ADDRESS	8732 NW 143 TERR	
CITY - ST - ZIP	MIAMI LAKES FL 33018	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORENO, MERCEDES	
STREET ADDRESS	8732 NW 143 TERR	
CITY - ST - ZIP	MIAMI LAKES FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-2001

CR2E034 (10/00)