

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072313

1. Entity Name

J.O. DISCOUNT TRANSPORTS, INC.

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-22-2000 90058 020 ***150.00

Principal Place of Business

Mailing Address

C/O ROBERT D. LETTMAN, P.A.
8010 N. UNIVERSITY DR., 2ND FLOOR
TAMARAC FL 33321

C/O ROBERT D. LETTMAN, P.A.
8010 N. UNIVERSITY DR., 2ND FLOOR
TAMARAC FL 33321-2151

2. Principal Place of Business

1851 SW 176th Ave

3. Mailing Address

1851 SW 176th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar FL

City & State

Miramar FL

Zip

33029

Country

Broward

Zip

33029

Country

Broward

4. FEI Number

65-1015099

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LETTMAN, ROBERT D P.A.
8010 N. UNIVERSITY DR., 2ND FLOOR
TAMARAC FL 33321

Name RUTH WOLFER

Street Address (P.O. Box Number is Not Acceptable)

14300 Sunset Lane

City

Ft Lauderdale

FL

Zip Code 33330

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]

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	D	<input type="checkbox"/> Delete
NAME	ORTIZ, JUAN F	
STREET ADDRESS	8010 N. UNIVERSITY DR., 2ND FLOOR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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]

Juan F. Ortiz

Director

4/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)