2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000099270** Sep 12, 2000 8:00 am 1. Entity Name Secretary of State J T APPLIANCE, INC. 09-12-2000 90238 036 ***150.00 Mailing Address Principal Place of Business 2030 NW 88TH WAY 2030 NW 88TH WAY PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 2. Principal Place of Business 3. Mailing Address 7030 NM **UAY** 2030 NW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Pines FL 65-09 Not Applicable EMBROKE **EMPROKE** \$8.75 Additional 5. Certificate of Status Desired Blow MD Fee Required <u> SROLJARD</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change ☐ Delete TITLE TITI F DOMINGUEZ, JOSE A NAME 2030 NW 88TH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP PEMBROKE PINES FL 33024 Change ☐ Addition Delete TITE F TITLE DOMINGUEZ, DENISE L NAME NAME STREET ADDRESS STREET ANNOESS 2030 NW 88TH WAY-CITY-ST-ZIP City-ST-ZIP PEMBROKE PINES FL 33024 Change Addition Delete TIT) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS 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 acculate 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:

10001 N.W. 50th Street Suite 204 Sunrise, FL 33351

(954) 746-0156 Fax: (954) 746-7690

September 6, 2000

Florida Department of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

RE: J T APPLIANCE, INC. DOCUMENT # P99000099270

Dear Sir/Madam:

Please be advised that we represent the above-referenced client, for whom we enclose a copy of the 2000 Uniform Business Report.

Our client recently called your office and explained that they had not received the original report so that it could have been filed on time for \$150.00. They were told that they should send in a check for \$150.00 and a letter of explanation.

To this end, we enclose Check #1121 for this amount, and thank you for your understanding in this issue.

We have found that our clients have been ill-advised by their former accountants regarding their responsibilities in this area, --- and we have taken steps to correct this.

Very truly yours, WBD ACCOUNTING, INC.

David B. Lanter, CPA

DBL:tb

Enclosures

cc: Client

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