

**2000 UNIFORM BUSINESS REPORT (UBR)**

*18142*

**DOCUMENT # 263139**

*0001*

1. Entity Name

**J. T. H. CORP.**

FILED

01 APR 26 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3601 HEMPSTEAD TPKE  
LLJ  
LEVITTOWN NY 11756  
US

3601 HEMPSTEAD TPKE  
LLJ  
LEVITTOWN NY 11756-1375  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **11-2101015**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**TRIMARCHI, HORACE T.  
338 A OREGON ST  
HOLLYWOOD FL 33015**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PREVITE, JOSEPH J</b>	
STREET ADDRESS	<b>338 OREGON ST.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33015</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>TRIMARCHI, HORACE T.</b>	
STREET ADDRESS	<b>3601 HEMPSTEAD TPKE</b>	
CITY-ST-ZIP	<b>LEVITTOWN NASSAU</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>000004137760--7</b>	
CITY-ST-ZIP	<b>-05/07/01--01013--007</b>	
	<b>****150.00 ****150.00</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>000004137760--7</b>	
CITY-ST-ZIP	<b>-05/07/01--01013--008</b>	
	<b>****150.00 ****150.00</b>	
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 checked="" 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3.15.01** Daytime Phone #: **51673179W**

CR2E034 (9/99)

(516) 868-9490

GRUBERGER & ASSOCIATES  
ACCOUNTANTS AND AUDITORS  
7 SMITH STREET

MERRICK, NEW YORK 11566

Uniform Business Report

Division of Corporations Fax: (516) 868-9689 • Email: mgruble@erols.com

P.O. Box 1500

Tallahassee, FL 32302-1500

pg 2 of 2  
868-9689

Re: J.T.H. Corp  
ID#: 11-2101015

The above mentioned corporation has received a notice from your office stating that Florida has dissolved the corporation for non-receipt of the annual report. I would like to take a moment to explain what has transpired during this year.

The principal of the corporation, Horace Trimarchi, has been extremely ill for the majority of the year and most paperwork has gone untouched. When going through this paperwork we came across the paperwork from Florida. We are now sending in the annual report found amongst the paperwork along with payment of \$150.00. The taxpayer is kindly asking that you understand the situation and that this will not happen again. It has never happened with him in the past, as this corporation has been around for many years.

Thank you for taking the time to review this information and we appreciate any consideration that could be given in reinstating the corporation without penalty.

Sincerely,



Matthew A. Gruberger  
Certified Public Accountant