

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90149 011 ***563.75

DOCUMENT # 263139

1. Entity Name
J. T. H. CORP.



Principal Place of Business

**3601 HEMPSTEAD TPKE
 LLJ
 LEVITTOWN NY 11756
 US**

Mailing Address

**3601 HEMPSTEAD TPKE
 LLJ
 LEVITTOWN NY 11756
 US**

977640



2. Principal Place of Business

266 ROCKAWAY TPKE

Suite, Apt. #, etc. PREVITE JOSEPH J.

City & State CEDARHURST New York

Zip 11516 Country U.S.A

3. Mailing Address

266 ROCKAWAY TPKE

Suite, Apt. #, etc. PREVITE JOSEPH J.

City & State CEDARHURST New York

Zip 11516 Country U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number: **11-2101015**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **JOSEPH J. PREVITE**

Street Address (P.O. Box Number is Not Acceptable) **338 A OREGON ST.**

City **HOLLYWOOD** FL Zip Code **33015**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Joseph J. Previte* **JOSEPH J. PREVITE PRESIDENT**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	PREVITE, JOSEPH J	338 OREGON ST.	HOLLYWOOD FL 33015	<input type="checkbox"/>
S	TRIMARCHI, HORACE T.	3601 HEMPSTEAD TPKE	LEVITTOWN NASSAU	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Joseph J. Previte* **JOSEPH J. PREVITE** 8/1/02 718-459-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)