

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 22, 2001 08:00 AM
Secretary of State

DOCUMENT # 391314

1. Entity Name
JOHN HENRY SHOP CORPORATION

Principal Place of Business 4645 EAST 10TH COURT HIALEAH FL 33013	Mailing Address 4645 EAST 10TH COURT HIALEAH FL 33013
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2. Principal Place of Business 610 SW 99TH AVENUE Suite, Apt. #, etc.	3. Mailing Address 610 SW 99TH AVENUE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PEMBROKE PINES FL	City & State PEMBROKE PINES FL	4. FEI Number 59-1365638	Applied For <input type="checkbox"/>
Zip 33025	Country	Zip 33025	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SIMON, JOHN HENRY
 270 W. 32ND STREET

 HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name
 SIMON JOHN HPRES
 Street Address (P.O. Box Number is Not Acceptable)
 610 SW 99TH AVENUE

 City
 PEMBROKE PINES FL Zip Code
 33025

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 **JOHN H. SIMON**

04/22/2001

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	S ARTUTO, SIMON 4110 W 7TH LANE HIALEAH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SIMON, ADA 3180 W. 3RD AVENUE HIALEAH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMON, LUISA 270 W 32 STREET HIALEAH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMON, JOHN H. 270 W 32 STREET HIALEAH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMON ARTURO OMR. 4110 W 7TH LANE HIALEAH FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SIMON ADA MRS. 3180 W. 3RD AVENUE HIALEAH FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMON LISSETTE MMRS. 610 SW 99TH AVENUE PEMBROKE PINES FL 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMON JOHN HMR. 610 SW 99TH AVENUE PEMPRIKE PINES FL 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **John H. Simon**

Mr. **04/22/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)