

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090835

1. Entity Name

SHJ DISTRIBUTORS, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90010 008 \*\*\*150.00

Principal Place of Business

1800 WEST 49TH STREET  
 324D  
 HIALEAH FL 33012

Mailing Address

1800 WEST 49TH STREET  
 324D  
 HIALEAH FL 33162-4941

2. Principal Place of Business

2040 NE 163 ST

3. Mailing Address

2040 NE 163 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202 F

202 F

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FL

Zip

Country

33162

U.S.A.

Zip

Country

33162

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0789211

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

ROSILLO, FRANK

8405 N.W. 53 ST. STE A-205  
 MIAMI FL 33166

Name

FERNANDO SILVA

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

16300 NE 19 Ave

Suite 100

City

NORTH MIAMI BEACH

FL

Zip Code

33162

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)

DATE

1/3/2000

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 ☐ Delete  
 NAME D  
 STREET ADDRESS HERNANDEZ, SUEHEY  
 CITY-ST-ZIP 666 W. 81ST #317  
 HIALEAH FL 33013

TITLE ☒ Change ☐ Addition  
 NAME PRESIDENT  
 STREET ADDRESS HERNANDEZ, SUEHEY  
 CITY-ST-ZIP 815 NE 127 ST  
 NORTH MIAMI, FL 33161

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suehey Hernandez

Date

Daytime Phone #

1/3/2000 305-947-2505

CR2E034 (9/99)