

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
33013

FL

Mailing Address

4645 EAST 10TH COURT

HIALEAH
33013

FL

2. Principal Place of Business

610 SW 99TH AVENUE

3. Mailing Address

610 SW 99TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES

FL

City & State

PEMBROKE PINES

FL

Zip
33025

Country

Zip
33025

Country

4. FEI Number**59-1365638**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****SIMON, JOHN HENRY**
270 W. 32ND STREETHIALEAH
33012

FL

7. Name and Address of New Registered Agent

Name

SIMON JOHN HPRESStreet Address (P.O. Box Number is Not Acceptable)
610 SW 99TH AVENUECity
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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/22/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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)