2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J08887 **DOCUMENT #**

1. Entity Name

H. GINS CORPORATION



FILED Feb 18, 2003 8:00 am Secretary of State

02-18-2003 90106 017 ***150.00

				65 11 18	×		
Principal Pla % JEAN HAI 13341 SW 9 MIAMI FL 33	6 AVE	% JEAN HA 13341 SW 9	Mailing Address % JEAN HANAMURA 13341 SW 96 AVE MIAMI FL 33176			A MARIKAT BYIN BOURT LOKALI HAMA HAMA HAMA KARIF BYON BURIN BYAN BURIN BYON ING	
2. Principal Place of Business 3. Ma			Mailing Address				
Suite, Apr	t. #, etc.	Suite, Apt.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State		City & Stat	City & State		4	4. FEI Number 59-2664070 Applied For	
Zip _.	Country	Zip	Cou	ntry .	-	Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required	
.,	Name and Addres	s of Current Registered Age	nt	1	7	7. Name and Address of New Registered Agent	
HANAMU	RA, JEAN 🕶 🕬			Name			
13341 SW 96TH AVE				Street Addres	ss (P.O	D. Box Number is Not Acceptable)	
MIAMI FL	-			<u> </u>			
MINCHAN I E	33170						
				City		Zip Code	
8 The above	named optity submits this			<u> </u>			
the obliga	tions of registered agent.	statement for the purpose of	changing its register	ed office or regis	stered a	agent, or both, in the State of Florida. I am familiar with, and accept	
_	3 3- ····						
SIGNATURE	Signature typed						
	Signature, typed or printed name of	registered agent and title if applicable.	(NOTE: Registere	d Agent signature requ	uired whe	on reinstating) DATE	
Afte	ILE NOW!!! FEE IS \$ r May 1, 2003 Fee will to r Payable to Florida De	pe \$550.00				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.		ICERS AND DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P		Delete TITLE			Change Addition	
NAME	HANAMURA, JEAN	•	NAM :	E		Change C Addition	
STREET ADDRESS	13341 S.W. 96TH AVE		STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL .		CITY	-ST-ZIP			
TITLE			Delete TITLE				
NAME			NAME			☐ Change ☐ Addition	
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CITY-ST-ZIP				ST-ZIP	ئ	The state of the s	

CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

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TITLE

NAME

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