

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90033 005 \*\*\*158.75

**DOCUMENT # M23414**

1. Entity Name  
**JOHNSON, HERNANDEZ ASSOCIATES INC.**

Principal Place of Business <b>2510 N.W. 97TH AVE.          SUITE 220          MIAMI FL 33172</b>	Mailing Address <b>2510 N.W. 97TH AVE.          SUITE 220          MIAMI FL 33172</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2600954** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROHAN, LAURENCE J. ESQUIRE  
 4675 PONCE DE LEON BLVD  
 STE. 302  
 CORAL GABLES FL 33146-2113**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME VP JOHNSON, PARVIN SR.	<input type="checkbox"/> Delete 8510 NW 56 ST., STE 200 MIAMI FL	TITLE NAME VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2510 N.W. 97th Avenue, Suite 220 Miami, Florida 33172
TITLE NAME PTD JOHNSON, PATRICIA H.	<input type="checkbox"/> Delete 8510 NW 56 ST., STE 200 MIAMI FL	TITLE NAME VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2510 N.W. 97th Avenue, Suite 220 Miami, Florida 33172
TITLE NAME VP AVEDANO, VICTOR M	<input type="checkbox"/> Delete 8510 NW 56 ST. STE 200 MIAMI FL 33166	TITLE NAME VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2510 N.W. 97th Avenue, Suite 220 Miami, Florida 33172
TITLE NAME VP LOPEZ, ALEX H	<input type="checkbox"/> Delete 8510 NW 56 ST. STE 200 MIAMI FL 33166	TITLE NAME VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2510 N.W. 97th Avenue, Suite 220 Miami, Florida 33172
TITLE NAME VP WALESKI, RICHARD	<input type="checkbox"/> Delete 8510 N.W. 56 ST #200 MIAMI FL 33166	TITLE NAME VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2510 N.W. 97th Avenue, Suite 220 Miami, Florida 33172
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<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: Patricia H. Johnson March 16, 2001 (305) 594-0660  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)