

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005275

FILED
May 31, 2002 8:00 AM
Secretary of State

Entity Name: PUDH, INC.

Current Principal Place of Business:

793 NE 125TH ST
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

793 NE 125TH ST
MIAMI, FL 33161

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENARD, LOUIS E
793 NE 125TH ST
MIAMI, FL 33161

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILNER, C CHARLES
Address: 793 NE 125TH ST
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: SYLVESTRE, KARYNE
Address: 793 NE 125TH ST
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: JOSEPH, ENOCK
Address: 793 NE 125TH ST
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: TOUSSAINT, PAUL L
Address: 793 NE 125TH ST
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: PIERRE, JEAN R
Address: 793 NE 125TH ST
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: BELLEVUE, JACKSON
Address: 793 NE 125TH ST
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROMANA, TRANQUILLE
Address: 793 NE 125TH ST
City-St-Zip: MIAMI, FL 33161

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARYNE SYLVESTRE

SECR

05/31/2002

Electronic Signature of Signing Officer or Director

Date