FILED

Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91390 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000034034 **DOCUMENT #**

1. Entity Name

JUTUE H	AIR SUP	PLIES, INC.										
Principal Place of Business 1469 NW 40TH AVENUE LAUDERHILL FL 33313			1469	Mailing Address 1469 NW 40TH AVENUE LAUDERHILL FL 33313				1884 14 15 16 16 16 16 16 16 16		Lenki balia lohi	B TILAK CHILI MDOL	
2. Principal F	Place of Busin	ness	3. Mai	ling Address			\rightarrow					
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4	4. FEI Number 65-1000065 Applied For Not Applied ber				
Zip		Country	Zip		Coun	itry	5	i. Certificate of Status Desired		\$8.75 A		
	6. Name	and Address of Currer	nt Registere	d Agent	====		7.	. Name and Address of New Re	gistered	Agent		
						Name					ĺ	
SHIN, OK JA 18341 NW 8TH ST							Street Address (P.O. Box Number is Not Acceptable)					
PEMBROK	E PINES F	L 33029									ļ	
						City			FL	Zip Co	de	
8. The above the obligat	named entit tions of regist	ty submits this statement tered agent.	for the purp	ose of changing its	register	ed office or reg	gistered a	agent, or both, in the State of Flor	ida. I am	familiar with	, and accept	
SIĞNATURE .											1	
	Signature, typed	or printed name of registered age	nt and title if app	licable. (NOT	E: Registere	d Agent signature r	equired whe	en reinstating)	DATE			
F Afte	Signature, typed LE NOW! r May 1, 200	or printed name of registered age 1! FEE IS \$150.00 03 Fee will be \$550.00 0 Florida Department	0	licable. (NOT	E: Registere	d Agent signature n	equired when	9. Election Campaign Fine Trust Fund Contribution.	incing		00 May Be	
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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.

SIGNATURE: X

CITY-ST-ZIP

954)581-0802

Daytime Phone #