

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90188 048 ***150.00

DOCUMENT # P00000052304

1. Entity Name
J.H.S. SECURITY CORPORATION



Principal Place of Business
**420 NORTHWEST 132ND STREET
MIAMI FL 33168**

Mailing Address
**420 NORTHWEST 132ND STREET
MIAMI FL 33168**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1143408

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORDON, RON
335 NW 54TH STREET
MIAMI FL 33127-1919**

Name
Rev. Frantz F. Jean
Street Address (P.O. Box Number is Not Acceptable)
**3830 NW 179 ST
CAROL CITY FL 33055**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Founder	<input type="checkbox"/> Delete	TITLE President/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LUBIN, SAUVEUR JEAN		NAME Rev. Frantz F. Jean	
STREET ADDRESS 420 NORTHWEST 132ND STREET		STREET ADDRESS 3830 NW 179 ST	
CITY-ST-ZIP MIAMI FL 33168		CITY-ST-ZIP CAROL CITY, FL 33055	
TITLE VD	<input type="checkbox"/> Delete	TITLE Founder	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUBIN, NATACHA		NAME Lubin, sauveur JEAN	
STREET ADDRESS 14010 NORTHEAST 9TH AVENUE		STREET ADDRESS 420 NW 132 ST	
CITY-ST-ZIP NORTH MIAMI FL 33162		CITY-ST-ZIP Miami FL 33168	
TITLE STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUBIN, HENRIETTE		NAME	
STREET ADDRESS 14010 NORTHEAST 9TH AVENUE		STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI FL 33162		CITY-ST-ZIP	
TITLE President/CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Rev. Frantz F. Jean		NAME	
STREET ADDRESS 3830 NW 179 ST		STREET ADDRESS	
CITY-ST-ZIP CAROL CITY FL 33055		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: **Lubin, sauveur JEAN** **3-21-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #