

2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90219 044 ***150.00

DOCUMENT # P00000100208					
1. Entity Name Johar International Company					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 9531 Fontainebleau Blvd. Suite, Apt. #, etc. Suite 502 City & State Miami, FL Zip 33172-6832			3. Mailing Address 9531 Fontainebleau Blvd. Suite, Apt. #, etc. Suite 502 City & State Miami, FL Zip 33172-6832		
			DO NOT WRITE IN THIS SPACE		
			4. FEI Number 65-1051016		Applied For <input type="checkbox"/> Not Applicable
Country USA			Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE			7. Name and Address of Current Registered Agent		
			Name Hernandez, Aida L.		
			Street Address (P.O. Box Number is Not Acceptable) 9531 Fontainebleau Blvd.		
			Apt. 502		
			City Miami		FL Zip Code 33172
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Hernandez, Jorge E. 9531 Fontainebleau Blvd., Apt. 502 Miami, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T Hernandez, Claudia M. 9531 Fontainebleau Blvd., Apt. 502 Miami, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S Hernandez, Aida L. 9531 Fontainebleau Blvd., Apt. 502 Miami, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Aida Hernandez</i>			Aida L. Hernandez 04/26/04 305-553-9777		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034B (12/02)