

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91524 002 ***150.00

DOCUMENT # P00000100208		1-Entity Name Joher International Company	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 17021 No. Bay Rd. Suite, Apt. #, etc. Suite 4-825 City & State Sunny Isles Beach, FL Zip Country 33160-3625 USA		3. Mailing Address 17021 No. Bay Rd. Suite, Apt. #, etc. Suite 4-825 City & State Sunny Isles Beach, FL Zip Country 33160-3625 USA	
4. FEI Number 65-1051016		Applied For <input type="checkbox"/> Not Applicable	
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) 17021 No. Bay Rd. Apt. 4-825 City Sunny Isles Beach, FL FL Zip Code 33160	
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 \$61.25 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. 17021 No. Bay Rd., Apt. 4-825 Sunny Isles Beach, FL 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T Hernandez, Claudia M. 17021 No. Bay Rd., Apt. 4-825 Sunny Isles Beach, FL 33160
D/S Hernandez, Aida L. 17021 No. Bay Rd., Apt. 4-825 Sunny Isles Beach, FL 33160	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:		Aida L. Hernandez	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone # 305-944-0420

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DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)