

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106476

1. Entity Name

JAH, INC.

Principal Place of Business

13331 SW 103 TERRACE
MIAMI FL 33186

Mailing Address

13331 SW 103 TERRACE
MIAMI FL 33186

2. Principal Place of Business

8960 SW 133 PL #E

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

Zip

33186

Country

USA

Zip

Country

4. FEI Number

65-1110293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SERNA, JAVIER

13331 SW 103 TERRACE
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

JAVIER SERNA

Street Address (P.O. Box Number is Not Acceptable)

8960 SW 133 PL #E

City

MIAMI

FL

Zip Code

33186

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.

SIGNATURE

X [Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/25/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete
NAME SERNA, JAVIER
STREET ADDRESS 13331 SW 103 TERRACE
CITY-ST-ZIP MIAMI FL 33186

TITLE D ☐ Delete
NAME SERNA, JAVIER
STREET ADDRESS 13331 SW 103 TERRACE
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
900004696999--5
-11/28/01--01051--005
****750.00 ****750.00
☐ Change ☐ Addition

☐ Change ☐ Addition
REINSTATEMENT 01 78

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0059472 AV

FILED

01 OCT 30 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2034 (5/01)