## FILED Jul 15, 2002 8:00 am Secretary of State

## FOR PROFIT CORPORATION LINIFORM RUSINESS DEPORT (URB

ONIT ONIT DOSINESS REPORT (UDK)			07-15-2002 90195 035 ***150.00	
DOCUMENT # P01000076459			}	
JIHAN, INCO	RPORATED	> /	4	
DO NOT WRITE IN THIS SPACE			80129414	
2. Principal Place of Business 1389191 W. Dixie HW 10011 SW 4th Str. Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
North Miami, FL.	City & State Miami, FL.		4. FEI Number 71-0885681	Applied For Not Applicable
Zip Country	33174	Country	Fee	3.75 Additional e Required
Name  Name  SOLOMIANY  ALEX				
DO NOT W			(P.O. Box Number is Not Acceptable)	
			#2157	1
		City MIA	+MI FL	Zip Code 33130
8. The above named entity submits this statement for	r the purpose of changing its	registered office or register	red agent, or both, in the State of Florida.	
SIGNATURE Signature, typed or printed name of registered agent in	and title if applicable. (NOTE	: Registered Agent signature required	when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible	January 1 - M	ay 1 Fee is \$150,00 1, Fee is \$550.00	10. Election Campaign Financing	<b>CE 00</b>
Tax filing requirement and elects to do so. (See criteria on back)	Amended	l UBR is \$61.25 le to Department of Sta	Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND	DIRECTORS	TITLE		
NAME KURDI, ROSWITHA		NAME STREET ADDRESS		
CITY-ST-ZIP MIAMI, FL. 33174		GITY-ST-ZIP		200 C
TITLE NAME	•	TITLE		P P P P P P P P P P P P P P P P P P P
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY ST-ZIP		
TITLE NAME		TITLE		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	DO NOT WRITE	
TITLE NAME		TITLE	IN THIS SPACE	
STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-SI-ZIP		
TITLE NAME STREET ADDRESS		HITLE NAME		
STREET ADDRESS  CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
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 on an attachment with an address, with all other like empowered.				
SIGNATURE: Kosmitla Kuid 7/09/02 (305) 485-5599				
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #				

Attachment Att POIOWIU159 BOI29414

## JIHAN, INCORPORATED

10011 SW 4<sup>th</sup> Street Miami, Fl. 33174 (305) 485-5599

July 09, 2002

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re:

2002 UBR

Ladies and Gentlemen:

Attached please find check in the amount of \$150.00, and a completed UBR. It appears that the company that formed our Corporation gave you an incorrect address. As a result we did not receive the UBR from your office. It would be greatly appreciated if you would waive the late fees.

Should you need any additional information, please do not hesitate to contact me.

Sincerely,

Roswitha Kurdi

Lositla Und

President

Attachments