

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90235 002 ***150.00

DOCUMENT # P01000097264

1. Entity Name
J.C.H. TRANSFERS INC.



Principal Place of Business
17346 SW 20TH ST.
MIRAMAR FL 33029

Mailing Address
17346 SW 20TH ST.
MIRAMAR FL 33029

2. Principal Place of Business

3. Mailing Address

2742 SW 165 Ave. 2742 SW 165 Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
MIRAMAR, FL

City & State
MIRAMAR, FL

4. FEI Number **65-0222535**

Applied For

Not Applicable

Zip **33027** **Broward County**

Zip **33027** **Broward**

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

HERNANDEZ, JUAN C
17346 SW 20TH ST.
MIRAMAR FL 33029

Name

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

2742 SW 165 Ave.

City

MIRAMAR

FL

Zip Code

33027

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

(NOTE: Registered Agent signature required when reinstating)

2-6-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$750.00
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 **PD** ☐ Delete
NAME **HERNANDEZ, JUAN C**
STREET ADDRESS **17346 SW 20TH ST.**
CITY-ST-ZIP **MIRAMAR FL 33029**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **2742 SW 165 Ave.**
CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **2-6-03 305-525-1853**
Date Daytime Phone #

CR2E034 (10/02)