

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000016280

1. Entity Name

O & H INTERNATIONAL, INC.

FILED

Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90190 032 ***150.00

813819



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2525 NW 18 TERR MIAMI FL 33125 US	7891 W. FLAGLER ST. SUITE 285 MIAMI FL 33144-2303 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	7891 W. FLAGLER ST. P.M.B. 285

City & State	City & State
	MIAMI FL.
Zip	Country
33144	USA

4. FEI Number	65-0392276	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
RODRIGUEZ, NIURKA M 812 NW 135TH ST MIAMI FL 33182

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
RODRIGUEZ, NIURKA M		NAME	
812 NW 135TH CT		STREET ADDRESS	
MIAMI FL		CITY-ST-ZIP	
D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
HENRY TEJEDA		NAME	
812 NW 135TH CT		STREET ADDRESS	
MIAMI FL		CITY-ST-ZIP	
D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
RODRIGUEZ, NIURKA M		NAME	
812 NW 135TH CT		STREET ADDRESS	
MIAMI FL		CITY-ST-ZIP	
A	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OMAR RODRIGUEZ		NAME	
812 NW 135TH CT		STREET ADDRESS	
MIAMI FL		CITY-ST-ZIP	
VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REYNALDO GARCIA		NAME	
8551 SW 5TH TERR (R)		STREET ADDRESS	
MIAMI FL		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-00

Date

(305)634-4100

Daytime Phone #

CR2E034 (9/99)