

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90073 004 ***150.00

0192939
 AV

DOCUMENT # P93000016280

1. Entity Name
O & H INTERNATIONAL, INC.

Principal Place of Business

**2238 NW 7TH ST
 MIAMI FL 33125
 US**

Mailing Address

**2238 NW 7TH ST
 PMB 285
 MIAMI FL 33125
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2238 N.W. 7ST

Suite, Apt. #, etc.

MIAMI FLORIDA

33125

USA

4. FEI Number **65-0392276**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

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

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

(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, 2002 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

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **RODRIGUEZ, NIURKA M**
 STREET ADDRESS **812 NW 135TH CT**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
 NAME **HENRY TEJEDA**
 STREET ADDRESS **812 NW 135TH CT**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
 NAME **RODRIGUEZ, NIURKA M**
 STREET ADDRESS **812 NW 135TH CT**
 CITY-ST-ZIP **MIAMI FL**

TITLE **A** ☐ Delete
 NAME **OMAR RODRIGUEZ**
 STREET ADDRESS **812 NW 135TH CT**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ Delete
 NAME **HERNANDEZ, JULIO**
 STREET ADDRESS **769 NW 132 CT**
 CITY-ST-ZIP **MIAMI FL 33182**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 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 supplement 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

Date

Daytime Phone #

CR2E034 (9/01)