## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P94000081442

1. Entity Name

JH CAPITAL CORPORATION



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90084 018 \*\*\*150.00

			600 WT 170							
ss	Mailing Address 888 BRICKELL AVE. SUITE 201 MIAMI FL 33131									
incipal Place of Business 3. Mailing Address					<b>                                    </b>					
Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
State City & State				4. FEI Number 65-0536491				plied For t Applicable		
Country	Zip	ntry	5. (	Certificate of Status Desired						
S. Nome and Address of Current Registered Agent			7. Name and Address of New Registered Agent							
6. Name and Address of Current Registered Agent					Name					
HASSAN, JOSEPH A 888 BRICKELL AVE.			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. I am familiar with, and accept the obligations of registered agent.										
ed or printed name of registered agent a	nd title if applicable. (NO	TE: Registere	ed Agent signature requir	ed when re	einstating)	DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								<b>0</b> May Be I to Fees		
		11		Αſ	DITIONS/CHANGES TO OFF	CERS AND	DIRECTORS	S IN 11		
OF TOLING AND I		-						Addition		
CKELL AVE., STE. 201	∟ Derete	NAM STR	AE EET ADORESS							
, SANEYA I ICKELL AVE., STE. 201	☐ Delete	NA! STR	ME EET ADDRESS	-			Change	Addition		
7 - 1	- Delete	NAI STR	ME BEET ADORESS			_	Change	☐ Addition		
	☐ Delete	NAI STE	ME REET ADDRESS				☐ Change	☐ Addition		
	☐ Delete	NAI STF	ME REET ADDRESS				☐ Change	☐ Addition		
	□ Delete	NAI Ste Cit	ME REET ADDRESS Y-ST-ZIP				Change	Addition		
	Country  The and Address of Current F  A  Litity submits this statement for istered agent.  The distribution of registered agent a country of the country of	888 BRICKELL AVE. SUITE 201 MIAMI FL 33131  Suite, Apt. #, etc.  City & State  Country  Zip  The and Address of Current Registered Agent  A  Suite, Apt. #, etc.  City & State  Country  Zip  The and Address of Current Registered Agent  A  Suite, Apt. #, etc.  City & State  Country  Zip  The and Address of Current Registered Agent  A  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  A  Suite, Apt. #, etc.  City & State  Country  A  Suite, Apt. #, etc.  (NO  Tity Submits this statement for the purpose of changing it is stered agent.  (NO  Tity FEE IS \$150.00  The applicable.  OFFICERS AND DIRECTORS  Delete  A  CKELL AVE., STE. 201  FL 33131  Delete  Delete  Delete  Delete  Delete	888 BRICKELL AVE. SUITE 201 MIAMI FL 33131  iness  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  A  itity submits this statement for the purpose of changing its register stered agent.  (NOTE: Registered agent and title if applicable.  (INOTE: Registered agent and title if	Mailing Address 888 BRICKELL AVE. SUITE 201 MIAMI FL 33131    Iness	Mailing Address 888 BRICKELL AVE. SUITE 201 MIAMI FL 33131  Incess  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip  Country  5. ( City & State  Country  5. ( City  Street Address of Current Registered Agent  A  Street Address of Current Registered Agent  A  Street Address (PO. B  City  City	Making Address 888 BRICKELL AVE. SUITE 201 MIAMI FL 33131    Check Here I   City & State   Country   Country   S. Certificate of Status Desired	Mailing Address 888 BRICKELL AVE. SUITE 201 MAMI FL 33131    Country	Malling Address 888 BRIXERLA AVE. SUITE 201 MANUE F. 20131    Suite. Apt. #, etc.		

Interest certify that the minormation supplied with this iming does not quality for the exemption stated in Section 119.07(3)(f), Fronta Statutes. Further certify that the mind additional 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: