

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #**

1. Entity Name

P96000025036

JHAN INTERNATIONAL CO., INC

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90973 034 ***150.00

Principal Place of Business

Mailing Address

6708 N.W. 82nd. AVENUE
MIAMI, FL 33166

JHANINC@HOTMAIL.COM

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1978532

Fee for

Not-fee code

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROMANO, JUAN H.
2899 COLLINS AVENUE #1644
MIAMI BEACH, FL 33140

Name

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

City

FL

Zip Code

3. 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 registering.

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
PDS
ROMANO, JUAN H.
2899 COLLINS AVENUE, #1644
MIAMI BEACH, FL 33140TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIPTITLE ☐ 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 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: *K*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN H. ROMANO, PRES. 4/5/01 (305) 392-6783

Date

Daytime Phone #