2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090835

1. Entity Name

SHJ DISTRIBUTORS, INC.

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90010 008 ***150.00

Principal Place of Business	Mailing Address
1800 WEST 49TH STREET 324D HIALEAH FL 33012	1800 WEST 49TH STREET 324D HIALEAH FL 33162-4941

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2040 NE 163 ST	2040 NE 163 ST
Suite, Apt. #, etc.: 202 F	Suite, Apt. #, etc.: 202 F
City & State: NORTH MIAMI BEACH, FL	City & State: NORTH MIAMI BEACH, FL
Zip: 33162 Country: U.S.A.	Zip: 33162 Country: U.S.A.

4. FEI Number 65-0789211 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSILLO, FRANK
8405 N.W. 53 ST. STE A-205
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name: FERNANDO SILVA
Street Address (P.O. Box Number is Not Acceptable): 16300 NE 19 Ave
Suite 100
City: NORTH MIAMI BEACH FL Zip Code 33162

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] DATE 1/3/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	HERNANDEZ, SUEHEY	NAME	HERNANDEZ, SUEHEY
STREET ADDRESS	666 W. 81ST #317	STREET ADDRESS	815 NE 127 ST
CITY-ST-ZIP	HIALEAH FL 33013	CITY-ST-ZIP	NORTH MIAMI, Fl 33161
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: [signature] / SUEHEY HERNANDEZ 1/3/2000 305-947-2505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #