

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059503

1. Entity Name

THE OHHZEE COMPANY

Principal Place of Business

7015 SW 83 CT  
MIAMI FL 33143  
US

Mailing Address

POST OFFICE BOX 562243  
MIAMI FL 33256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0849161

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

VALDES, VANESSA  
8820 SW 68 CT  
APT C-6  
MIAMI FL 33156

Name

Valdes, Vanessa

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

7650 SW 82ST

APT H 103

City

Miami

FL

Zip Code  
33143

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)

4/20/01

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 State**

10. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

## 11. OFFICERS AND DIRECTORS

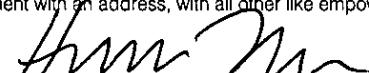
## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO VALDES, HUMBERTO 7015 SW 83 CT MIAMI FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

305-668-9010

Date

Daytime Phone #

CR2E034 (10/00)