

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P98000097190*

1. Entity Name
JHART INTERNATIONAL WA INC.

Principal Place of Business *916 Lake destiny Rd. # 70-E*
Altamonte Spring Fla. 32714

Mailing Address

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number *59-3614686* **Applied For**
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JOAQUIN A. RUALES
916 LAKE DESTINY RD #70-E
ALTAMONTE SPRINGS FLDA 32714

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 *JOAQUIN A. RUALES* **DATE** *03-01-2000*

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. ☐ **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

TITLE *JOAQUIN A. RUALES* ☐ **Delete**
NAME *MANAGER / President*
STREET ADDRESS *916 LAKE DESTINY RD #70E*
CITY-ST-ZIP *ALTAMONTE SPRING FLDA 32714*

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *200003173492* ☐ **Change** ☐ **Addition**
NAME *-03/17/00--01010--008*
STREET ADDRESS *****158.75 ****158.75*
CITY-ST-ZIP

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

TITLE ☐ **Change** ☐ **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]* **DATE** *03-01-2000* **Daytime Phone ***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)