

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90656 044 ***158.75

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DOCUMENT # P98000097190

1. Entity Name

JHART, INTERNATIONAL USA, INC.

Principal Place of Business

change

Mailing Address

916 LAKE DESTINY RD
 STE 70-E
 ALTAMONTE SPRINGS FL 32714

552 STILLWATER DR
 OVIEDO FL 32765

2. Principal Place of Business

1120 A Coletta Dr.

3. Mailing Address

552 STILLWATER Dr.

Suite, Apt. #, etc.

SE 1

Suite, Apt. #, etc.

City & State

Orlando FL.

City & State

oviedo FL.

4. FEI Number

59-3614686

Applied For

Not Applicable

Zip

32807

Country

USA.

Zip

32765

Country

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RUALES, JOAQUIN A
916 LAKE DESTINY RD
STE 70-E
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name **RUALES JOAQUIN A**
 Street Address (P.O. Box Number is Not Acceptable) **552 STILLWATER Dr.**
 City **oviedo** FL Zip Code **32765**

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)

DATE

03/01/02

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, 2002 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	MP	☐ Delete
NAME	RUALES, JOAQUIN A	
STREET ADDRESS	916 LAKE DESTINY RD STE 70-E	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VP	☐ Delete
NAME	JR. RUELES, JOAQUIN	
STREET ADDRESS	552 STILLWATER DR	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MP	☒ Change ☐ Addition
NAME	RUALES JOAQUIN A	
STREET ADDRESS	1120 COLETTA DR	
CITY-ST-ZIP	OVIEDO FL 32807	
TITLE	VP	☒ Change ☐ Addition
NAME	JR. RUELES JOAQUIN Andres	
STREET ADDRESS	1120 A COLETTA DR	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	MR. VICEPRESIDENT	☐ Change ☒ Addition
NAME	FABIAN J. RUELES	
STREET ADDRESS	552 STILLWATER DR.	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/02 **407-625-7952**
 Date Daytime Phone #

CR2E034 (9/01)