**FILED**
**May 01, 2003 8:00 am**
**Secretary of State**
05-01-2003 90822 014 ***150.00

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050531

1. Entity Name
S.H.S. INTERNATIONAL CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| 3439 NE 163RD STREET<br>MIAMI, FL 33129 | 3439 NE 163RD STREET<br>MIAMI, FL 33129 |

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
2950 NE 201 Terrace
Suite, Apt. #, etc. 219
City & State AVENTURA FL
Zip 33180 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0924308 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUSTAVO, SEGAL
3439 NE 163RD ST
MIAMI, FL 33160

7. Name and Address of New Registered Agent

Name HOLCMAN, Alberto
Street Address (P.O. Box Number Is Not Acceptable)
2950 NE 201 Terrace
Suite 219
City AVENTURA FL Zip Code 33180

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. I am familiar with, and accept the obligations of, registered agent.

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

FILING FEE $ 150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PSTD<br>SEGAL, GUSTAVO<br>3439 NE 163RD STREET<br>NORTH MIAMI BEACH, FL 33160 | ☐ Delete | VP D<br>SeGAL, Gustavo<br>3439 NE 163rd Street<br>N.M.B FL 33160 | X Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>HOLEMAN, ALBERTO<br>3439 N E 163 ST<br>NORTH MIAMI BEACH, FL 33160 | ☐ Delete | PSD<br>HOLCMAN, Alberto<br>2950 NE 201 Terrace #219<br>AVENTURA FL 33180 | X Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #