

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90351 001 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # S14274			
1. Entity Name J.S.A. INTERNATIONAL, INC.			
Principal Place of Business 1577 SW 1ST WAY BAY #E-17 DEERFIELD BEACH FL 33441		Mailing Address 5190 NW 167 STREET STE 111 MIAMI FL 33014	
2. Principal Place of Business		3. Mailing Address 5190 NW 167 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 113	
City & State		City & State MIAMI, FL-33014	
Zip	Country	Zip	Country
33014		33014	USA.
4. FEI Number 65-0228679		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHOMAR, JOSEPH 5190 NW 167 ST. SUITE 111 MIAMI FL 33014		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code	
		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANISH, MOHAMMAD	NAME	
STREET ADDRESS	2601 NW 95 ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	CITY-ST-ZIP	
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAIE, LOLY A	NAME	
STREET ADDRESS	15701 NW 2 AV	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	P/S/T
STREET ADDRESS		STREET ADDRESS	MAHMOUD AL TAWIL
CITY-ST-ZIP		CITY-ST-ZIP	4810 NW 2ND. AVE
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ **2/18/02** _____

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

CR2E034 (9/01)