

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90020 009 ***150.00

DOCUMENT # 856565

1. Entity Name

VANDERHANDS CORPORATION

Principal Place of Business

CALLE SORCAIMA
OTA. LANDA. EL ROSAL
CARACAS 1010A
OC

Mailing Address

C/O KARP & GENAUER. P.A.
2 ALHAMBRA PLAZA #1202
CORAL GABLES FL 33134

2. Principal Place of Business

701 BRICKELL AVENUE

3. Mailing Address

701 BRICKELL AVENUE

Suite, Apt. #, etc.
STE. 3000

Suite, Apt. #, etc.
STE. 3000

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33131

Country

Zip
33131

Country

4. FEI Number 98-0063203

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALHAMBRA REGISTERED AGENTS, INC.
2 ALHAMBRA PLAZA, STE 1202
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
INTRASTATE REGISTERED AGENT CORPORATION
Street Address (P.O. Box Number is Not Acceptable)
701 BRICKELL AVENUE, STE. 3000
City MIAMI FL Zip Code 33131

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.

INTRASTATE REGISTERED AGENT CORPORATION

SIGNATURE

BY: STEVEN H. HAGEN, VP

Signature, typed or printed name of registered agent, and title (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.
(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSTILLERO, CEDILIO A BANK OF AMERICA BLDG. PANAMA, R.P.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALINDO, GABRIEL A BANK OF AMERICA BLDG. PANAMA, R.P.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DURLING, ROY CARLOS BANK OF AMERICA BLDG. PANAMA, R.P.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAUFMAN, EPHRAIM CALLE SORCAIMA CARACAS, VENEZUELA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSTILLERO, CEDILIO A. C/O HOLLAND & KNIGHT LLP 701 BRICKELL AVENUE, STE. 3000 MIAMI, FLORIDA 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALINDO, GABRIEL A. C/O HOLLAND & KNIGHT LLP 701 BRICKELL AVENUE, STE. 3000 MIAMI, FLORIDA 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DURLING, ROY CARLOS C/O HOLLAND & KNIGHT LLP 701 BRICKELL AVENUE, STE. 3000 MIAMI, FLORIDA 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAUFMAN, EPHRAIM C/O HOLLAND & KNIGHT LLP 701 BRICKELL AVENUE, STE. 3000 MIAMI, FLORIDA 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

0164527

CR2E034 (10/00)