

**2000 UNIFORM BUSINESS REPORT (UBI)**

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90007 047 \*\*\*150.00

DOCUMENT # **P00000100303**

1. Entity Name

**HANDYRAUL CORP.**

Principal Place of Business	Mailing Address
<b>2110 NW 64 Ave</b>	
<b>Sunrise FL 33313</b>	

2. Principal Place of Business	3. Mailing Address
<b>2110 NW 64 Ave</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
<b>Sunrise Florida</b>	
Zip	Country
<b>33313</b>	

4. FEI Number	Applied For
<b>65-1068672</b>	<input type="checkbox"/>
5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	<b>\$8.75</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Raul Bernabe Lopez**  
**2330 NW 72nd Ave # 106C**  
**Sunrise FL 33313**

7. Name and Address of New Registered Agent  
 Name: **Raul Bernabe Lopez**  
 Street Address (P.O. Box Number is Not Acceptable): **2110 NW 64 Ave**  
 City: **Sunrise** FL Zip Code: **33313**

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: **Raul Lopez** DATE: **8/2/01**  
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.   
(See criteria on back)  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PAUL B. LOPEZ</b> <b>2110 NW 64 AVE</b> <b>SUNRISE FL 33313</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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	<input 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
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
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.

8/2/01

attachment  
ID# P00000100383  
BUUC1654

Dear Sir/Madam:

My name is Paul Lopez owner

of Hardy Raul. witer 65-1068672

The reason of writing is to inform.

that I never received the  
annual report form. My accountant  
told me of this obligation and

When I called you recommended to  
write you and explain the  
reason. I hope this will clear the problem.

Sincerely,

Paul Lopez