## **2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000063034

Entity Name: ASSURED HAND MANAGEMENT INC.

**Current Principal Place of Business:** 

1500 NW 89 CT., UNIT 115 DORAL, FL 33178

**Current Mailing Address:** 

1500 NW 89 CT., UNIT 115 DORAL, FL 33178 US

FEI Number: 46-0672507 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

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:

Electronic Signature of Registered Agent

Date

FILED Apr 30, 2021

**Secretary of State** 

6638189363CC

Officer/Director Detail:

Title PSD, VP, SECRETARY, TREASURER

Name BYRD, ANTONIO

Address 1840 SOUTHWEST 22ND ST, PMB 4-

834

SIGNATURE: ANTONIO BYRD

City-State-Zip: MIAMI FL 33145

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

04/30/2021

Date