

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90153 027 ***150.00

DOCUMENT # 810429

1. Entity Name

HANDELMAN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

8955 SW 86 ST
 MIAMI FL 33173-4540
 US

8955 SW 86 ST
 MIAMI FL 33173-4540
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-2420166**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HESSER, BARRY
8955 SW 86 ST
MIAMI FL 33173

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input type="checkbox"/> Delete HESSER, NORMAN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESSER, NORMAN	NAME	
STREET ADDRESS	8666 SW 114 PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete HESSER, BARRY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESSER, BARRY	NAME	
STREET ADDRESS	8955 SW 86TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete HESSER, SYLVIA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESSER, SYLVIA	NAME	
STREET ADDRESS	8666 SW 114 PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete HESSER, FRANCES	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESSER, FRANCES	NAME	
STREET ADDRESS	8955 SW 86TH ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete HESSER, DEBRA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESSER, DEBRA	NAME	
STREET ADDRESS	6320 NW 180 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete HESSER, ANDREW	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESSER, ANDREW	NAME	
STREET ADDRESS	10124 SW 130 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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: **HESSER, BARRY** **VICE PRESIDENT** **2/1/2000** **305-412-0770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #