

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90071 030 ***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 33134-5237

80009521



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

98-0063203

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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:

Ephraim Kaufman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ephraim Kaufman, Vice President

(305) 445-3545

Date

Daytime Phone #