

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90263 022 ***150.00

DOCUMENT # 856565

1. Entity Name
VANDERHANDS CORPORATION

Principal Place of Business

**701 BRICKELL AVENUE
 STE. 3000
 MIAMI FL 33131
 OC**

Mailing Address

**701 BRICKELL AVENUE
 STE. 3000
 MIAMI FL 33131
 OC**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **98-0063203**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**INTERSTATE REGISTERED AGENT CORPORATION
 701 BRICKELL AVENUE, STE. 3000
 MIAMI FL 33131**

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, 2002 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

TITLE NAME	P	<input type="checkbox"/> Delete
STREET ADDRESS	RODRIGUEZ, LUIS A	
CITY-ST-ZIP	701 BRICKELL AVENUE, STE. 3000 MIAMI FL 33131	
TITLE NAME	S	<input type="checkbox"/> Delete
STREET ADDRESS	CORDOBA, OMAIRA	
CITY-ST-ZIP	701 BRICKELL AVENUE, STE. 3000 MIAMI FL 33131	
TITLE NAME	T	<input type="checkbox"/> Delete
STREET ADDRESS	SALEEDO, RICARDO D	
CITY-ST-ZIP	701 BRICKELL AVENUE, STE. 3000 MIAMI FL 33131	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	HAGEN, STEVEN H.	
CITY-ST-ZIP	701 BRICKELL AVE., #3000 MIAMI, FLORIDA 33131	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02
Date

305-789-7758
Daytime Phone #

CR2E034 (9/01)

U200213 AV