

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 12, 2001 8:00 am  
Secretary of State

02-12-2001 90225 038 \*\*\*158.75

DOCUMENT # F87491

1. Entity Name

HANDI-VAN, INC.

Principal Place of Business

55 NW 119 ST  
N MIAMI FL 33168  
US

Mailing Address

P O BOX 530963  
MIAMI SHORES FL 33153  
US

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 59-2202673

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

~~NEFF, MASI L~~ DIANA FLETCHER  
55 NW 118 ST  
N MIAMI FL 33168

Name DIANA FLETCHER

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

55 NW 118 ST

City N. MIAMI

FL

Zip Code 33168

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 Masi L. Neff, P MASI L. NEFF DIANA FLETCHER 2/6/01

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	NEFF, MASI L	
STREET ADDRESS	2660 PALMER PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33332	
TITLE	V	<input type="checkbox"/> Delete
NAME	NEFF, GARY L	
STREET ADDRESS	2660 PALMER PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33332	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEFF, MASI L.	
STREET ADDRESS	8418 MAILLARD'S WAY	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEFF, GARY L.	
STREET ADDRESS	8418 MAILLARD'S WAY	
CITY-ST-ZIP	NAPLES, FL 34114	
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
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:

Masi L. Neff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-01

Date

(305) 751-1236

Daytime Phone #

CR2E034 (10/00)