2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9700001098 VIRGIN HOUSE HANDLERS, L.C.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address 2359 SOUTHWEST 27TH TERRACE 2359 SOUTHWEST 27TH T FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33						OI MAR 12 AM II: 03			
	lace of Business	3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
Suite, Apt. #, etc. City & State		City & State			4. FEI Number Applied For]
Zip	Country	Zip	Coun	otry	5. Certificate of Status Desired				-
6. Name and Address of Current Registered Agent				Manage	7. Name and Address of New Registered Agent				
MAHAFFEY, WILLIAM L 2359 SOUTHWEST 27TH TERRACE FORT LAUDERDALE FL 33312				Name Street Address (P.O. Box Number is Not Acceptable)					
									1
PONT ENOBERDALE FE 35512				City FL Zip Code			le		
8. The above named entity submits this statement for the purpose of changing its regis									
				3					
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registere	d Agent signature require	ed when reinstati	ing) . DATE			
				FEE IS \$50.00 o Department o					
9.	MANAGING MEMB	ERS/MEMBERS	10.			ADDITIONS/CHANGE		•	ļ ·
TITLE	MGRM	☐ Delete	TITLE	1			☐ Change	Addition	8
NAME STREET ADDRESS CITY-ST-ZIP	2359 SOUTHWEST 27TH TERRACE			ET ADDRESS -ST-ZIP		300003851	Rinkta (D).		2E083 (11/00)
TITLE	FORT LAUDERDALE FL 33312 MGRM	☐ Delete	TITLE			-03/13/010) I (II) Zehonge (] 🔯 Addition	CR2
NAME STREET ADDRESS CITY-ST-ZIP	MAHAFFEY, KATHRYN D 2359 SOUTHWEST 27TH TERRA	NCE		EET ADDRESS -ST-ZIP		*****50.00	米米米米米	50.00	۰
TITLE NAME	FORT LAUDERDALE FL 33312 MGRM	Delete -	TITLI	E	•	*	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	2359 SOUTHWEST 27TH TERRA FORT LAUDERDALE FL 33312	ICE		EET ADDRESS -ST-ZIP .		•			
TITLE NAME STREET ADDRESS CIT ST-ZIP	MGRM MAHAFFEY, MICHAEL W 2359 SOUTHWEST 27TH TERRA	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS	FORT LAUDERDALE FL 33312	☐ Delete	TITLI NAM	E	<u> </u>		☐ Change	☐ Addition	
CITY-ST-ZIP			CITY	-ST-ZIP					
NAME STREET ADDRESS		∟ Delete		EET ADDRESS			☐ Change	☐ Addition	
11. I hereby of indicated limited lia	pertify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	n this filing does not qualify that my signature shall have empowered to execute it	for the exe	r-ST-ZIP Imption stated in S e legal effect as if is required by Chap	section 119. made unde oter 608, Flo	07(3)(i), Florida Statutes. I further ca r oath; that I am a managing memb orida Statutes.	rtify that the i	nformation er of the 327 -	
SIGNAT	URE SIGNATURE AND TYPED OR PRINTED NAME OF	F SIGNING MANAGING MEMBER,	MANAGER, OR	AUTHORIZED REPRES	ENTATIVE	3/5/0/	902 Daytime Phone #	4	