

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90055 031 ****70.00

DOCUMENT # *N01000000400*

1. Entity Name

HIS HANDS EXTENDED OF SOUTH FLORIDA, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

441 S. SR 7, Ste 10
Suite, Apt. #, etc.
MARGATE, FL
City & State

3. Mailing Address

441 S. SR 7, Ste 10
Suite, Apt. #, etc.
MARGATE
City & State *FLORIDA*

DO NOT WRITE IN THIS SPACE

Zip
33068

Country
USA

Zip
33068

Country
USA

4. FEI Number

65-1069559

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MARLENE MURRAY

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

4133 NW 67th TERRACE

City

CORAL SPRINGS

FL

Zip Code

33067

**DO NOT WRITE
IN THIS SPACE**

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

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MURRAY, MARLENE 5792 NW 48 DR CORAL SPRINGS FL 33067	P
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PALMER, MARCIA 5801 NW 17 PL. #10 SUNRISE FL 33313	V
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TOMLINSON, NADINE 2101 NW 62 TERR SUNRISE FL 33313	D
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BAILEY, COLLEEN 2451 NW 41 AVE, APT 410 LAUDERHILL FL 33313	D
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PETERSON, GAIL 2919 NW 56 AVE, #A1 LAUDERHILL FL 33313	S
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BROWN, JEAN 6111 WASHINGTON ST, #210 HOLLYWOOD FL 33023	D

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marlene Murray*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
Date Daytime Phone

CR2E037B (12/01)