

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90117 030 ****61.25

DOCUMENT # N01000003890

1. Entity Name

OPEN HANDS INC.

Principal Place of Business

**1518 N.W. 15TH AVE.
 FT. LAUDERDALE FL 33311**

Mailing Address

**1518 N.W. 15TH AVE.
 FT. LAUDERDALE FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1134638

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

7. Name and Address of New Registered Agent

**ADETULA, JIMI
 1518 N.W. 15TH AVE.
 FT. LAUDERDALE FL 33311**

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
 NAME **D JOHNSON, FRANKLYN**
 STREET ADDRESS **6325 N.W. 43RD TERR.**
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Change ☒ Addition
 NAME **Ex. D. BOMPART BERNICE**
 STREET ADDRESS **1877 N.W. 96th AVE.**
 CITY-ST-ZIP **PLANTATION FL. 33322**

TITLE ☐ Delete
 NAME **D PRINCE, HORACE**
 STREET ADDRESS **9914 N.W. 2ND ST.**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☒ Change ☐ Addition
 NAME **D PRINCE HORACE**
 STREET ADDRESS **10301 NW 16th ST.**
 CITY-ST-ZIP **PLANTATION FL. 33322**

TITLE ☐ Delete
 NAME **D WRIGHT, KARLENE**
 STREET ADDRESS **11192 N.W. 1ST PLACE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☒ Addition
 NAME **C BOMPART SYLVESTER**
 STREET ADDRESS **1877 NW 96th AVE.**
 CITY-ST-ZIP **PLANTATION FL. 33322**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bernice Bompard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-26-02

Date

(954) 472-6035

Daytime Phone #

CR2E037 (9/01)