

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90099 031 \*\*\*\*61.25

**DOCUMENT # NO1000003890**

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

**1316 N.W. 15th PLACE**

3. Mailing Address

**1316 N.W. 15th PL.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**FT. LAUDERDALE FL**

City & State

**FT. LAUDERDALE FL**

4. FEI Number **05-1134638**

Applied For

Not Applicable

Zip

**33311**

Country

**USA**

Zip

**33311**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ADETULA, JIMI**

**1518 N.W. 15TH AVE.**

**FT. LAUDERDALE FL 33311**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **D** ☐ Delete  
NAME **PRINCE, HORACE**  
STREET ADDRESS **10301 NW 16TH ST**  
CITY-ST-ZIP **PLANTATION FL 33322**

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

TITLE **ED** ☐ Delete  
NAME **BOMPART, BERNICE**  
STREET ADDRESS **1877 NW 96TH AVE**  
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **C** ☐ Delete  
NAME **SYLVESTER, BOMPART**  
STREET ADDRESS **1877 NW 96TH AVE**  
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **STRAW, DOROTHY**  
STREET ADDRESS **7161 S.W. 8th CT.**  
CITY-ST-ZIP **PLANTATION FL. 33317**

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 Bompert*

02.21.03

954-472-6035

CR2E037 (10/02)