## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 04, 2000 8:00 am Secretary of State DOCUMENT # N93000004876 1. Entity Name HANDS ON MIAMI, INC. 03-04-2000 90080 048 \*\*\*\*70.00 Principal Place of Business Mailing Address 4 S.C. THIRD AVE. 4-S.E. THIRD AVE --STE-2000 #2000 AUU26353 MIAMI FL 33131-1704 MIAMI-FL-83181 3. Mailing Address 2. Principal Place of Business 3250 SW 3rd Ave 3250 SW 3rd Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Çity & State 4. FEI Number City & State 65-0449338 liami Not Applicable ami Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOXICY moxtey, Julie KAISER, MICHAEL H HANDS ON MIAMI 1-S.E. THIRD AVE., #2000-MIAMI-FL 33131 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Director □ Change ED Delete TITLE TITLE NAME KAISER, MICHAEL H NAME 3250 SW 3rd AM STREET ADDRESS 782 NE 74TH ST-STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33138 -☐ Change Addition TITLE DS -☐ Delete TITLE JOHNSON, WENDY NAME NAME STREET ADDRESS STREET ADDRESS 6215 SW 78TH ST. CITY-ST-ZIP CITY-ST-ZIP S. MIAMI:FL-☐ Change ☐ Addition PT Delete TITLE MALLIOS, CARL NAME STREET ADDRESS STREET ADDRESS 100 S.E. 2ND ST., #2500 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL resident Change ☐ Addition TITLE DP ☐ Delete NAME MORRIS, PAT NAME STREET ADDRESS STREET ADDRESS C/O HANDS ON MIAMI, 1 SE 3RD AVE, #2000 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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