

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000004876

FILED
May 09, 2002 8:00 AM
Secretary of State

Entity Name: HANDS ON MIAMI, INC.

Current Principal Place of Business:

3250 SOUTHWEST THIRD AVE.
MIAMI, FL 33129 US

New Principal Place of Business:

Current Mailing Address:

3250 SOUTHWEST THIRD AVE.
MIAMI, FL 33129 US

New Mailing Address:

FEI Number: 65-0449338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOXLEY, JULIE
3250 SW 3RD AVE
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: MOXLEY, JULIE
Address: 3250 SW 3RD AVE
City-St-Zip: MIAMI, FL 33129

Title: DS () Delete
Name: JOHNSON, WENDY,
Address: 6215 SW 78TH ST.
City-St-Zip: S. MIAMI, FL

Title: DC () Delete
Name: MORRIS, PATRICK
Address: 3250 SW 3RD AVE
City-St-Zip: MIAMI, FL 33129

Title: DT () Delete
Name: SCHRNEBER, DAVID
Address: 100 SE 2ND ST #2500
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: MURRAY, ROBERT,
Address: 200 S. BISCAYNE BLVD., STE. 5100
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: CORREA, DAVID
Address: 100 SE 2ND ST #2500
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE MOXLEY

PCEO

05/09/2002

Electronic Signature of Signing Officer or Director

Date