2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90251 040 ***150.00

A0065861

DOCUMENT # P00000086569

1. Entity Name
Luis "The Handy MAN," Inc.

Principal Place of Business
5200 S.W. 8 Street
Suite 202-A
Coral Gables, Fl 33134

Mailing Address
5200 S.W. 8 Street
Suite 202-A
Coral Gables, Fl 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7975 SW 17 ST	7975 SW 17 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MiAmi, Florida	City & State: MiAmi, Fl
Zip: 33155 / Country:	Zip: 33155 / Country:

4. FEI Number: 65-1039761 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
AlmiRAll, DANiA
5200 S.W. 8 Street
Suite 202-A
Coral Gables, Fl 33134

7. Name and Address of New Registered Agent
Name: Estevez, JoaQUiN
Street Address (P.O. Box Number Is Not Acceptable): 7975 SW 17 Street
City: MiAmi **FL** Zip Code: 33155

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] JOAQUIN Estevez 4/27/01 (President)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AlmiRAll, Dania 5200 S.W. 8 Street #202A Coral Gables, Fl 33134 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Estevez, JoaQUiN 7975 SW 17 Street MiAmi, Fl 33155 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JOAQUIN Estevez 4/27/01 (305)2628272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #