

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000108216

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90091 019 ***150.00

Handygator Corporation

Principal Place of Business	Mailing Address
1521 Brickell Ave., #3403	1521 Brickell Ave., #3403
Miami, FL 33129	Miami, FL 33129

2. Principal Place of Business	3. Mailing Address
1541 Brickell Avenue	1541 Brickell Avenue

Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 3403	Suite 3403

City & State	City & State
Miami, FL	Miami, FL

Zip	Country	Zip	Country
33129	USA	33129	USA

4. FEI Number
65-1073126

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Registered Agents of Florida, LLC

100 SE 2nd Street

Suite 3500

Miami, Florida 33131

7. Name and address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Nathan C. Walberg 1541 Brickell Avenue, Suite 3403 Miami, Florida 33129	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Andrew Kaplan 1541 Brickell Avenue, Suite 3403 Miami, Florida 33129	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Arturo T. Montoya 1541 Brickell Avenue, Suite 3403 Miami, Florida 33129	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Nathan C. Walberg

Nathan C. Walberg, President

3-27-01

305-856-0277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #