

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMENDED

DOCUMENT #

1. Entity Name

901000033018

HANDS TOGETHER, INC.

FILED

02 NOV -6 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1840 W. 49 STREET

3. Mailing Address

1840 W. 49 STREET

Suite, Apt. #, etc.

#234

Suite, Apt. #, etc.

#234

City & State

HIALEAH, FL.

City & State

HIALEAH, FL.

Zip

33012

Country

U.S.

Zip

33012

Country

U.S.

4. FEI Number

65-1092494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

ITALA SABBAGH

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

1840 West 49 Street Suite 234

City

HIALEAH, FL

Zip Code

33012

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

ITALA SABBAGH

REGISTERED AGENT ITALA SABBAGH

10/16/02

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)

☐

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/V/T/S
ITALA SABBAGH
1840 W. 49 STREET Suite 234
HIALEAH, FL. 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7000008434107-
-10/17/02-01035-003
***61.25 ***61.25

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

ITALA SABBAGH

PRESIDENT ITALA SABBAGH

10/16/02

(305) 231-7799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)