

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2002.**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90055 042 ***150.00

DOCUMENT # P01000047384

1. Entity Name

Therapeutic Healing Hands, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

14430 SW 51 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL 33175

Zip

Country

Zip

Country

33175

4. FEI Number

65-1104431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARIA L BOLANOS

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

14430 SW 51 ST

City

Miami,

FL

Zip Code

33175

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 X Maria Lorena Bolanos

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/26/02

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>MARIA L BOLANOS</u> <u>14430 SW 51 ST</u> <u>Miami, FL 33175</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

Maria Lorena Bolanos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/26/02 (305) 226-2181

Daytime Phone #

CR2E034B (12/01)