

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000004728

1. Entity Name

HANDY WASH INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90147 002 ***150.00

Principal Place of Business

Mailing Address

~~90 NW 137 AV.~~
~~MIAMI FL 33182~~
~~US~~

~~90 NW 137 AV.~~
~~MIAMI FL 33182~~
~~US~~

2. Principal Place of Business

3. Mailing Address

23035-A S. DIXIE HWY.
Suite, Apt. #, etc.

23035-A S. DIXIE HWY.
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0368179

Applied For

Not Applicable

Zip

33032

Country

USA

Zip

33032

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRUMER, KEITH T
1 E. BROWARD BLVD.
#1705
FT. LAUDERDALE FL 33301

Name

Keith Grumer

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

one east Broward Blvd.

suite #1501

City

Ft. Laud.

FL

Zip Code

33301

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 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 PD
NAME HIDALGO, EXZUN L.
STREET ADDRESS ~~90 NW 137 AV.~~
CITY-ST-ZIP ~~MIAMI FL 33182~~

TITLE
NAME 23035-A S. DIXIE HWY.
STREET ADDRESS
CITY-ST-ZIP Mia FL 33032 ☒ Change ☐ Addition

TITLE VPD
NAME AZOR, JORGE E.
STREET ADDRESS ~~90 NW 137 AV.~~
CITY-ST-ZIP ~~MIAMI FL 33182~~

TITLE
NAME 23035-A S. DIXIE HWY.
STREET ADDRESS
CITY-ST-ZIP Mia FL 33032 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)