## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P94000004840** HAND - EZZ, INC. 04-25-2001 90093 041 \*\*\*158.75 Principal Place of Business Mailing Address 307 BARCELONA RD. P.O. BOX 2737 WEST PALM BEACH FL 33401 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 77-0260610 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOUZA, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 307 BARCELONA RD. WEST PALM BEACH FL 33401 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CSO TITLE ☐ Delete TITI F Change ☐ Addition SOUZA, ROBERT A NAME NAME STREET ADDRESS 307 BARCELONA RD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete TITLE TITLE PN M Change ☐ Addition WILSON-SOUZA, JAYNE A NAME NAME Wilson-Souza, Jayne R. STREET ADDRESS 307 BARCELONA RD. STREET ADDRESS 307 Barcelona Rd. CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 West Palm Beach, FL 33401 ☐ Change TITLE ☐ Delete TITLE ☐ Addition BUSLOVICH, VITALIJ NAME NAME STREET ADDRESS 307 BARCELONA RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 TITLE ☐ Delete TITI E Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-SY-7IP

Robert A. Souza

NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

561-655-4490

Daytime Phone #

CR2E034 (10/00)