2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 02, 2002 8:00 am Secretary of State **DOCUMENT #** P96000005025 1. Entity Name 05-02-2002 90004 030 ***150.00 E. T. HAND & ASSOCIATES, INC. Principal Place of Business Mailing Address -14201-SW-163RD-ST ---14231 SW 163RD ST -MIAMI-PL 33177 -MIAMI-FL 33177 2. Principal Place of Business 3. Mailing Address 16xx8 DURHAM AVE Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0639155 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent → → → 7:-Name and Address of New Registered Agent 💛 🖘 HAND, ELIZABETH T Street Address (P.O. Box Number is Not Acceptable) _14231_SW=163RD-37 16228 DURHAM AVE MIAMI-FE-33177 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE HAND, ELIZABETH T NAME NAME 16 YV8 DURHAM AVE FORT MYERS, FL. 33908 STREET ADDRESS 14231_SW_163RD-ST STREET ADDRESS CITY: ST-ZIP MIAMI FL 33177 CITY-ST-ZIP TITLE ☐ Delete NAMS NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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