

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080432

1. Entity Name

HANDY-R INTERNATIONAL, CO.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90002 043 ***150.00

Principal Place of Business

Mailing Address

1140 DOUGLAS ROAD
PINES FL 33024

1140 DOUGLAS ROAD
PEMBROKE PINES FL 33024-4761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0698326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



00010100

6. Name and Address of Current Registered Agent

LANIA, JOSEPH S CPA P
8982 TAFT ST
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name **ROBERT FELIX**

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

9508 GRIFFIN ROAD

City **COOPER CITY**

FL

Zip Code **33328**

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, 2000 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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	REYNOSO, RAFAEL	
STREET ADDRESS	1140 DOUGLAS ROAD	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	REYNOSO, JOSEFINA M	
STREET ADDRESS	1140 DOUGLAS ROAD	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FUENTES, EMILIO	
STREET ADDRESS	1140 DOUGLAS ROAD	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 #

02-08-2000

CR2E034 (9/99)