

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000087918**

1. Entity Name

**HANDS FOR HEALTH, INC.****FILED****Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90162 010 \*\*\*150.00

**00038591**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**569 NORTH BRIDGE DRIVE**  
**LTAMONTE SPRINGS FL 32714****380 S SR 434**  
**STE 1004-343**  
**ALTAMONTE SPGSN FL 32714**  
**US**

2. Principal Place of Business

3. Mailing Address

**824 PAUL STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**ORLANDO FL 32808**

City &amp; State

Zip  
**32808**Country  
**ORANGE**

Zip

Country

4. FEI Number **59-3410778**

Applied For

Not Applicable

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

**SARMIENTO, REINALDO R**  
**569 NORTH BRIDGE DRIVE**  
**ALTAMONTE SPRINGS FL 32714**

Name

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

City

**FL**

Zip Code

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**REINALDO R SARMIENTO**  
**569 NORTH BRIDGE DR**  
**ALTAMONTE SPRINGS FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
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CITY-ST-ZIP ☐ DeleteTITLE  
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CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
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)