

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90163 022 ***150.00

DOCUMENT # P96000097437

1. Entity Name
THE SPECIAL HANDYMAN INC.

Principal Place of Business

6312 GAGE PLACE
 MIAMI LAKES FL 33014
 US

Mailing Address

6312 GAGE PLACE
 HIALEAH FL 33014
 US

2. Principal Place of Business

7580 Taylor St.
 Suite, Apt. #, etc.
 Hollywood FL
 City & State

3. Mailing Address

7580 Taylor St.
 Suite, Apt. #, etc.
 Hollywood FL
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0488600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEONE, LOUISE
 19484 NW 61 AVE.
 MIAMI FL 33150

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	LEONE, LOUISE	
STREET ADDRESS	19484 NW 61 AVE.	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEONE, SEBASTIAN	
STREET ADDRESS	19484 NW 61 AVE.	
CITY-ST-ZIP	MIAMI FL 33150	
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	LEONE LOUISE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7580 Taylor St	
STREET ADDRESS	Hollywood FL 33024	
CITY-ST-ZIP		
TITLE	LEONE Sebastian	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7580 Taylor St	
STREET ADDRESS	Hollywood FL 33024	
CITY-ST-ZIP		
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		
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 #

Louise Leone - LOUISE LEONE 4/18/01 954-983-8587

CR2E034 (10/00)