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

## Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P97000039008 1. Entity Name CAN DO PROFESSIONAL HANDY SERVICES INC. 04-02-2001 90283 016 \*\*\*150.00 Principal Place of Business Mailing Address 3195 SW 5 ST 3195 SW 5 ST **MIAMI FL 33135** MIAMI FL 33135 **CC765007** US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 65-0752449 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, JORGE Street Address (P.O. Box Number is Not Acceptable) 25 EAST 9TH COURT HIALEAH FL 33040 Zip Code FL 8. The above named this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12. PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE GARCIA, JORGE NAME NAME STREET ADDRESS STREET ADDRESS 3195 SW 5 ST CITY-ST-ZIP CITY-ST-ZIF **MIAMI FL 33135** TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 intal report is true and accurate and that try signature shall have the same legal effect as if made under oath; that I am an officer or director 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 an address with all other like empowered. 13. I hereby certify that the informatio indicated on this report or supple of the corporation or the receiver changed, or on an attachment SIGNATURE: 2

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #