

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063137

1. Entity Name

HANDS MAKE LIGHT, INC.

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90009 018 \*\*\*150.00

Principal Place of Business

19325 SW 190 ST  
MIAMI FL 33187-1906

Mailing Address

19325 SW 190 ST  
MIAMI FL 33187-1906

2. Principal Place of Business

19325 SW 190 ST

Suite, Apt. #, etc.

3. Mailing Address

19325 SW 190 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33187-1906

Country

USA

Zip

33187-1906

Country

USA

4. FEI Number

APPLIED FOR

65-0774103

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROCHE, SANDIE  
19325 SW 190 ST  
MIAMI FL 33187-1906

7. Name and Address of New Registered Agent

Name

S. ROCHE

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

19325 SW 190 ST

MIAMI FL

City

33187-FL

Zip Code  
33187-1906

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

3-14-00

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

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**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 PSTD  
NAME ROCHE, SANDIE L  
STREET ADDRESS 17890 SOUTHWEST 272 STREET  
CITY-ST-ZIP HOMESTEAD FL 33031

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME ROCHE, SANDIE L  
STREET ADDRESS 19325 SW 190 ST MIAMI FL 33187

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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

SANDIE ROCHE

Date

Daytime Phone #

3-14-00

305 378-1076