2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am Secretary of State DOCUMENT # P98000054386 1. Entity Name 01-31-2002 90088 010 ***150.00 HAND INNOVATIONS, INC. Principal Place of Business Mailing Address 8905 SW 87TH AVE. STE 100 8905 SW 87TH AVE. STE 100 MIAMI FL 33176 MIAMI FL 33176 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For "4. FEI Number City_&_State____ -----City-&-State-----65-0843825 Not Applicable Zip 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 ORBAY, JORGE L M.D. Street Address (P.O. Box Number is Not Acceptable) 8905 SW 87TH AVE, STE 100 MIAMI FL 33176 City Zip Code FL 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, typed or printed name of 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE ORBAY, JORGE L M.D. NAME NAME 8905 SW 87TH AVE, STE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** Change VΤ ☐ Delete TITLE ☐ Addition NAME HERNANDEZ, ERNESTO NAME STREET ADDRESS STREET ADDRESS 8905 SW 87TH AVE, STE 100 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** TITLE ☐ Delete TITLE Change ☐ Addition VS NAME NAME CASTANEDA, JAVIER E STREET ADDRESS STREET ADDRESS 8905 SW 87TH AVE, STE 100 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TIT! E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP This filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information study and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trustee em changed, or on an attachment with an appress

all other like empowered.

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED