

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90006 048 \*\*\*150.00

**DOCUMENT # P98000091239**

1. Entity Name

**HERNANDEZ & HERNANDEZ HANDYMAN & CARPENTRY INC.**

Principal Place of Business

6502 KENDALE LAKES DR.  
#207  
MIAMI FL 33183

Mailing Address

6502 KENDALE LAKES DR.  
#207  
MIAMI FL 33183-1806

2. Principal Place of Business

13821 S.W. 109 ST  
Suite, Apt. #, etc.

3. Mailing Address

13876 S.W. 56 ST  
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0873138

Applied For

Not Applicable

Zip

33186

Country

U.S.A

Zip

33175

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, OSLIRIO  
6502 KENDALE LAKES DR.  
#207  
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name  
HERNANDEZ, OSLIRIO  
Street Address (P.O. Box Number is Not Acceptable)  
13821 S.W. 109 ST  
City  
MIAMI FL Zip Code  
33186

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HERNANDEZ, HERMINIA C  
6502 KENDALE LAKES DR. #207  
MIAMI FL 33183 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/V/F/  
HERNANDEZ, HERMINIA CONSUELO  
13876 S.W. 56 ST #243  
MIAMI FL 33175 ☒ 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

Date

Daytime Phone #

CR2E034 (9/99)