

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

Mailing Address

6502 KENDALE LAKES DR.
 #207
 MIAMI FL 33183

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

Zip

33186

Country

U.S.A

Zip

33175

Country

U.S.A

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	<input type="checkbox"/> Delete
D	HERNANDEZ, HERMINIA C	6502 KENDALE LAKES DR. #207	MIAMI FL 33183	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	HERNANDEZ, HERMINIA CONSUELO	13876 S.W. 56 ST #243	MIAMI FL 33175	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

2-14-00

305-388-7580

CR2E034 (9/99)