

2000 UNIFORM BUSINESS REPORT (UBR)

3/6.

FILED
May 04, 2000 8:00 am
Secretary of State

03-06-2000 90071 003 ***150.00

DOCUMENT # P99000020256

1. Entity Name

MR. & MRS. HANDYMAN OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

5050 NW 200 TERR 127 VIRGINIA RD 5050 NW 200 TERR 127 VIRGINIA RD
 MIAMI FL 33055 MIAMI FL 33055
 HOLLYWOOD FL 33023 HOLLYWOOD FL 33023

2. Principal Place of Business

3. Mailing Address

127 VIRGINIA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood, FL

Zip 33023

Country

Zip

Country

4. FEI Number

65-0900647

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, ANTONIO

5050 NW 200 TERR 127 VIRGINIA RD

MIAMI FL 33055 HOLLYWOOD FL 33023

Name

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

127 VIRGINIA RD

City

HOLLYWOOD

FL

Zip Code

33023

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 re-registering)

Date

9. This corporation is eligible to satisfy its intangible tax filing requirements 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	DIAZ, ANTONIO	
STREET ADDRESS	5050 NW 200 TERR 127 VIRGINIA RD	
CITY-ST-ZIP	MIAMI FL 33055 HOLLYWOOD FL 33023	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DIAZ, MARGARITA	
STREET ADDRESS	5050 NW 200 TERR 127 VIRGINIA RD	
CITY-ST-ZIP	MIAMI FL 33055 HOLLYWOOD FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	127 VIRGINIA RD	
STREET ADDRESS	HOLLYWOOD, FL 33023	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	127 VIRGINIA RD	
STREET ADDRESS	HOLLYWOOD, FL 33023	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 authority like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)