

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-04-2002 90032 033 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023080

1. Entity Name

24 HOURS ASSISTANCE, INC.

Principal Place of Business

**200 S.E. FIRST ST., #503
 MIAMI FL 33131**

Mailing Address

**200 S.E. FIRST ST., #503
 MIAMI FL 33131**

2. Principal Place of Business

**155 South Miami Ave
 Suite, Apt. #, etc.
 PH2C**

3. Mailing Address

**155 South Miami Ave
 Suite, Apt. #, etc.
 PH2C**

City & State

Miami Florida

City & State

Miami Florida

Zip

FL 33130

Country

USA

Zip

FL 33130

Country

USA

4. FEI Number

65-0917511

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

CASTANEDA, JORGE

**200 S.E. FIRST ST., #503
 MIAMI FL 33131**

Name

Ortiz, Michel

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

155 South Miami Ave PH2C

City

Miami Florida

FL

Zip Code

33130

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, 2002 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	P	<input checked="" type="checkbox"/> Delete
NAME	ORTIZ, MICHEL	
STREET ADDRESS	200 S.E. FIRST ST., #503	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CASTANEDA, JORGE	
STREET ADDRESS	200 S.E. FIRST ST., #503	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NUNEZ, BEATRIZ	
STREET ADDRESS	200 S.E. FIRST ST., #503	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GUTIERREZ CORDOBA, CLAUDIA	
STREET ADDRESS	200 S.E. FIRST ST., #503	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUDIA GUTIERREZ CORDOBA	
STREET ADDRESS	155 South Miami Ave PH2C	
CITY-ST-ZIP	Miami - USA - FL 33130	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albistur, Virginia	
STREET ADDRESS	155 South Miami Ave PH2C	
CITY-ST-ZIP	Miami - Florida - FL 33130	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ortiz, Michel	
STREET ADDRESS	155 South Miami Ave PH2C	
CITY-ST-ZIP	Miami - Florida - FL 33130	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andreoni, Marcelo Luis	
STREET ADDRESS	155 South Miami Ave PH2C	
CITY-ST-ZIP	Miami - Florida - FL 33130	
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 19.07(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michel Ortiz
03/25/02

Date

Daytime Phone #

CR2E034 (9/01)