

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-04-2002 90032 033 ***150.00

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



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent
 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 *Michel Ortiz* **03/25/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)