

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90281 045 ***150.00

DOCUMENT # P09000033403

1. Entity Name

Handyguys, Inc.

Principal Place of Business

PO Box 25592
Tamarac, FL
33320

Mailing Address

PO Box 25592
Tamarac, FL
33320

2. Principal Place of Business

PO Box 25592

3. Mailing Address

PO Box 25592

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tamarac, FL

City & State

Tamarac, FL

4. FEI Number

65-0909983

Applied For

☐ Not Applicable

Zip

33320

Country

Florida

Zip

33320

Country

Florida

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

Name

Omar D. Velazquez

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

8020 NW 44 Ct

City

Lauderhill

FL

Zip Code 33351

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]
 Signature, typed or printed name of registered agent and title if applicable.

Omar D. Velazquez
 (NOTE: Registered Agent signature required when installing)

DATE

4/23/01

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, 2001 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 Director ☐ Delete
 NAME Catherine Ouellette
 STREET ADDRESS 4255 N. University Dr #114
 CITY-ST-ZIP Sunrise, FL 33351-6213

TITLE Director ☒ Change ☐ Addition
 NAME Catherine Ouellette
 STREET ADDRESS ~~8020 NW~~ PO Box 25592
 CITY-ST-ZIP Tamarac, FL 33320

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Catherine A. Ouellette
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catherine Ouellette 4/23/01 954-749-3984
 Date Daytime Phone #

CR2E034 (11/00)