

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057216

1. Entity Name

B & B BLESSED HANDS MOBILE DETAILING SERVICE, CO

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90962 010 ***150.00

Principal Place of Business

Mailing Address

21374 SOUTHWEST 112TH AVENUE
SUITE 306 Apt. # 306
MIAMI FL 33189

21374 SOUTHWEST 112TH AVENUE
SUITE 306 Apt. # 306
MIAMI FL 33189-2943

2. Principal Place of Business

3. Mailing Address

21374 SW 112 Ave.
Suite, Apt. #, etc.
Apt. # 306

21374 SW 112 Ave.
Suite, Apt. #, etc.
Apt. # 306

City & State
Miami, FL

City & State
Miami, FL

Zip
33189

Country
Dade

Zip
33189

Country
Dade



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
JOHNSON, BRUCE
21374 SOUTHWEST 112TH AVENUE
MIAMI FL 33189

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/2000 (305) 253-554