

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057216

1. Entity Name
B & B BLESSED HANDS MOBILE DETAILING SERVICE, CO

Principal Place of Business
**21374 SOUTHWEST 112TH AVENUE
SUITE 306
MIAMI FL 33189**

Mailing Address
**21374 SOUTHWEST 112TH AVENUE
SUITE 306
MIAMI FL 33189**

2. Principal Place of Business
17527 SW 104 Ct.
Suite, Apt. #, etc.

3. Mailing Address
17527 SW 104 Ct.
Suite, Apt. #, etc.

City & State
Miami, FL
Zip **33157** Country **Dade**

City & State
Miami, FL
Zip **33157** Country **Dade**

4. FEI Number **NOT APPLICABLE**

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

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

TITLE **PSTD** ☒ Change ☐ Addition
NAME **Johnson, Bruce**
STREET ADDRESS **17527 SW 104 Ct.**
CITY-ST-ZIP **Miami, FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90088 038 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)