

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062322

1. Entity Name

HAND SERVICES, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90042 045 ***150.00

0174219

Principal Place of Business

7510 BEACHVIEW DR.
N. BAY ISLAND FL 33141

Mailing Address

7510 BEACHVIEW DR.
N. BAY ISLAND FL 33141

2. Principal Place of Business

601 86th Street
Suite, Apt. #, etc.

3. Mailing Address

601 86th Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Beach

City & State

Miami Beach

4. FEI Number

65-0954452

Applied For

Not Applicable

Zip

33141

Country

FL

Zip

33141

Country

FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILLET, JOEL
7510 BEACHVIEW DR.
N. BAY ISLAND FL 33141

7. Name and Address of New Registered Agent

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

TITLE P
NAME GILLET, JOEL
STREET ADDRESS 7510 BEACHVIEW DR.
CITY-ST-ZIP MIAMI FL 33141 ☐ Delete

TITLE P
NAME GILLET, JOEL
STREET ADDRESS 601 86th Street
CITY-ST-ZIP Miami Beach, FL 33141 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 reports 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

April 10, 2001 305 865 6112
Date Daytime Phone #

CP2E034 (10/00)