

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077198

1. Entity Name

HANDEN GROUP, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90100 015 ***150.00

Principal Place of Business

Mailing Address

3106 PIERCE STREET
HOLLYWOOD FL 33020

3106 PIERCE STREET
HOLLYWOOD FL 33021-6132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

050946177

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

LEVINE, IRWIN H
1747 VAN BUREN STREET, #950
HOLLYWOOD FL 33020

Name

HENRY ROHLES

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

3106 PIERCE ST

City

HOLLYWOOD

FL

Zip Code

33021

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

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

HENRY ROHLES

(NOTE: Registered Agent signature required when reinstating)

DATE

2-19-00

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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROHLES, HENRY	
STREET ADDRESS	3106 PIERCE STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 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 #

2-19-00

(954) 967-9112

CR2E034 (9/99)