

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V38468****1. Entity Name**
THE HANDICAPPED COMPLIANCE CONSTRUCTION CO.**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90036 014 ***150.00

Principal Place of Business
12990 SOUTHWEST 56TH STREET
FORT LAUDERDALE FL 33330**Mailing Address**
12990 SOUTHWEST 56TH STREET
FORT LAUDERDALE FL 33330**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0463985Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****KIMELMAN, MARCEL**
12990 SOUTHWEST 56TH STREET
FORT LAUDERDALE FL 33330**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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
PVPT
KIMELMAN, MARCEL
12990 SW 56TH ST.
FT. LAUDERDALE FL☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KIMELMAN, ROSEMARIE L
12990 SW 56 STR
FT LAUDERDALE FL☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
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CITY-ST-ZIP☐ Delete**TITLE**
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STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
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CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**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 officers empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCEL KIMELMAN PVPT Jan 4, 2001 4340211

Date

Daytime Phone #

CR2E034 (10/00)