

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-04-2002 90032 033 ***150.00

DOCUMENT # P99000023080

1. Entity Name
24 HOURS ASSISTANCE, INC.

Principal Place of Business Mailing Address
200 S.E. FIRST ST., #503 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
155 South Miami Ave **155 South Miami Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
PH2C **PH2C**

City & State City & State
Miami Florida **Miami Florida**
 Zip Country Zip Country
FL 33130 USA **FL 33130 USA**

4. FEI Number **65-0917511** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CASTANEDA, JORGE
200 S.E. FIRST ST., #503
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name: **Ortiz, Michel**
 Street Address (P.O. Box Number is Not Acceptable)
155 South Miami Ave PH2C
 City **Miami Florida** FL Zip Code **33130**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete ORTIZ, MICHEL 200 S.E. FIRST ST., #503 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete CASTANEDA, JORGE 200 S.E. FIRST ST., #503 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete NUNEZ, BEATRIZ 200 S.E. FIRST ST., #503 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete GUTIERREZ CORDOBA, CLAUDIA 200 S.E. FIRST ST., #503 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CLAUDIA GUTIERREZ CORDOBA 155 South Miami Ave PH2C Miami - USA - FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Albistur, Virginia 155 South Miami Ave PH2C Miami - Florida - FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ortiz, Michel 155 South Miami Ave PH2C Miami - Florida - FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Andreoni, Marcelo Luis 155 South Miami Ave PH2C Miami - Florida - FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 REQUIRED *Michel Ortiz* **03/25/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)