

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # N98000003376****1. Entity Name**
THE HANDS OF STONE INTERNATIONAL MUSEUM OF HUMANITIES
AND THE ARTS INC.

Principal Place of Business 202 S MAGNOLIA AVE STE 1A OCALA FL 34474	Mailing Address 202 S MAGNOLIA AVE STE 1A OCALA FL 34474
--	--

2. Principal Place of Business P.O. BOX 6618	3. Mailing Address P.O. BOX 6618
--	--

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State OCALA FL	City & State OCALA FL
-------------------------------------	-------------------------------------

Zip 34478	Country	Zip 34478	Country
---------------------	----------------	---------------------	----------------

4. FEI Number 59-3522815	Applied For Not Applicable
------------------------------------	--------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MALARA WILDA
202 S MAGNOLIA AVE STE 1A

OCALA FL 34474

7. Name and Address of New Registered Agent

Name MALARA WILDA
Street Address (P.O. Box Number is Not Acceptable) 445 SW 91ST PLACE
City OCALA FL
Zip Code 34476

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 WILDA MALARA****04/29/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing**
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE S	<input type="checkbox"/> Delete
NAME SCOTTI BARBARA	
STREET ADDRESS 6221 SW 84 PL	
CITY-ST-ZIP OCALA FL 34476	
TITLE D	<input type="checkbox"/> Delete
NAME RODRIGUEZ CARLOS	
STREET ADDRESS 3000 OCEAN PKWY	
CITY-ST-ZIP BKLYN NY 11235	
TITLE D	<input type="checkbox"/> Delete
NAME DUMBADSE ROSS TDR	
STREET ADDRESS 1810 CLATTERBRIDGE RD	
CITY-ST-ZIP OCALA FL 34471	
TITLE D	<input type="checkbox"/> Delete
NAME FOSTER E LMAYOR	
STREET ADDRESS PO BOX 1270	
CITY-ST-ZIP OCALA FL 34478	
TITLE D	<input type="checkbox"/> Delete
NAME WILDA MARLA	
STREET ADDRESS 807 S APOPKA AVE	
CITY-ST-ZIP INVERNESS FL 34452	
TITLE Delete	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE: Wilda Malara****D****04/29/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)