

2001 UNIFORM BUSINESS REPORT (UBR) AMENDED REPORT

DOCUMENT # P00000001574

1. Entity Name

HANDS ON DESIGN, INC.

NIC
FLD
2/17/01
NAM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 20 PM 2:30

Principal Place of Business
1775 WASHINGTON AVE.
APT 5-B
MIAMI BEACH, FL. 33139

Mailing Address
1775 WASHINGTON AVE.
APT. 5-B
MIAMI BEACH, FL. 33139

2. Principal Place of Business
5640 COLLINS AVE.

3. Mailing Address
5640 COLLINS AVE.

Suite, Apt. #, etc.
APT 4-B

Suite, Apt. #, etc.
APT 4-B

City & State
MIAMI BEACH FL
Zip
33140

City & State
MIAMI BEACH FL
Zip
33140

4. FEI Number 65-0899376

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SARMIENTO, MARIA CLAUDIA
1775 WASHINGTON AVE. APT. 5-B
MIAMI BEACH, FL. 33139

7. Name and Address of New Registered Agent

Name
SARMIENTO, MARIA CLAUDIA
Street Address (P.O. Box Number is Not Acceptable)
5640 COLLINS AVE. APT. 4-B
City MIAMI BEACH FL Zip Code 33140

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 

6/14/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVTS
SARMIENTO, MARIA CLAUDIA
1775 WASHINGTON AVE. #5-B
MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
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TITLE
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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
DPTS
SARMIENTO, MARIA CLAUDIA
5640 COLLINS AVE. APT. 4-B
MIAMI BEACH, FL. 33140 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MOLINA, ADRIANA
5640 COLLINS AVE. APT. 4-B
MIAMI BEACH, FL. 33140 ☐ Change ☒ Addition

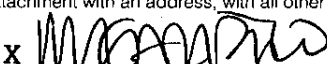
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE: X 

MARIA C. SARMIENTO PRES.

6/14/01

355.441.7005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)