2001 UNIFORM BUSINESS REPORT (UBR) AMENDED REPORT

DOCUMENT # P00000001574

NIC FLD 21701 (RM)

1. Entity Name

HANDS ON DESIGN, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 20 PM 2:30

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

2. Principal Place of Business	3. Mailing Address
5640 COLLINS AVE.	5640 COLLINS AVE.
Suite, Apt. #, etc.: APT 4-B	Suite, Apt. #, etc.: APT 4-B
City & State: MIAMI BEACH FL	City & State: MIAMI BEACH FL.
Zip: 33140 Country:	Zip: 33140 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0899376 ☐ 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
SARMIENTO, MARIA CLAUDIA 1775 WASHINGTON AVE. APT. 5-B MIAMI BEACH, FL. 33139	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 X [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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	DPTS SARMIENTO, MARIA CLAUDIA 5640 COLLINS AVE. APT. 4-B MIAMI BEACH, FL. 33140 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900004458109—C -07/03/01--01059--006 *****61.25 *****61.25 ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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 [signature] MARIA C. SARMIENTO PRES. 6/14/01 305.441.7005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #