200	1 UNIF	ORM BUSI	ness repor	rt (UBF	8) <u>am</u> i	ENDED REPORT	•
DOCUMENT # P0000001574						¥iceo	
HANDS ON DESIGN, INC.				17101 17101		SECRETARY OF STATE DIVISION OF CORPORATIONS  OI JUN 20 PM 2: 30	
Principal Place of Business  1775 WASHINGTON AVE.  1775 WASHING				TON AVE.			
APT 5-B MIAMI BEACH, FL. 33139 MIAMI BEACH, FL. 33					39	·	
<sup>2</sup> Principal Place of Business 5640 COLLINS AVE.			3. Mailing Address 5640 COLLINS AVE.				
Suite, Apt. #, etc. <b>APT 4-B</b>			Suite, Apt. #, etc.  APT 4~B		,	DO NOT WRITE IN THIS SPACE	
City & State			City & State		65_0800376		Applied For Not Applicable
_мтамт_ 33140	BEACH	<b>FI.</b> Country	MIAMI BEACH	<b>FL</b> . Country	5.	Certificate of Status Desired	\$8.75 Additional
33140	6. Name an	d Address of Current Re	33140 egistered Agent			Name and Address of New Registered	Fee Required
SARMIENTO, MARIA CLAUDIA -				Name SAR	MIENTO	, MARIA CLAUDIA	. ,
1775 WASHINGTON AVE. APT. 5-B MIAMI BEACH, FL. 33139				Street Ac	Street Address (P.O. Box Number is Not Acceptable)  5640 COLLINS AVE. APT. 4~B		
MIAMI	BEACH,	ET. 22123					
City MIAMI					IAMI_B	BEACH F	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
	Signature, typed or pr	rinted name of registered agent and	title if applicable (NOTE: Pr	egistered Agent signatu	re required when re	ainstating) DATE	914/01
9 This core	1		1	· · · · · · · · · · · · · · · · · · ·	-	einstating) DATE	914/01
Tax filing		to satisfy its Intangible	1	FEE IS \$150.0 Fee will be \$5	00 50.00 of State	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Tax filing (See crite	oration is eligible requirement and ria on back)	to satisfy its Intangible elects to do so.	FILE NOWI!! After MAY 1, 2001 Make Check Payable	FEE IS \$150.0 Fee will be \$5 to Department	00 50.00 of State	10. Election Campaign Financing	Added to Fees  ND DIRECTORS IN 11
Tax filing (See crite  11.  TITLE NAME	oration is eligible requirement and ria on back)  DPVTS SARMIEN	to satisfy its Intangible elects to do so.  OFFICERS AND DI	FILE NOW!!! After MAY 1, 2001 Make Check Payable RECTORS Delete	FEE IS \$150.0 Fee will be \$5 to Department 12. TITLE NAME	50.00 of State AD DPTS SARMIE	10. Election Campaign Financing Trust Fund Contribution.  DITIONS/CHANGES TO OFFICERS AN	Added to Fees  NO DIRECTORS IN 11  CXChange
Tax filing (See crite	oration is eligible requirement and ria on back)  DPVTS SARMIEN 1775 WA	to satisfy its Intangible elects to do so.  OFFICERS AND DI	FILE NOW!!! After MAY 1, 2001 Make Check Payable RECTORS Delete LAUDIA E. #5-B	FEE IS \$150.0 Fee will be \$5 to Department 12. TITLE NAME STREET ADDRESS	DPTS SARMIE	10. Election Campaign Financing Trust Fund Contribution.  DDITIONS/CHANGES TO OFFICERS AN	Added to Fees  NO DIRECTORS IN 11  CXChange
Tax filing (See crite 11. TITLE NAME STREET ADDRESS	oration is eligible requirement and ria on back)  DPVTS SARMIEN 1775 WA	o to satisfy its Intangible elects to do so.  OFFICERS AND DI  OFFICERS AN	FILE NOW!!! After MAY 1, 2001 Make Check Payable RECTORS Delete LAUDIA E. #5-B	FEE IS \$150.0 Fee will be \$5 to Department 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPTS SARMIE 5640 C MIAMI V MOLINA	10. Election Campaign Financing Trust Fund Contribution.  DITIONS/CHANGES TO OFFICERS AND NTO, MARIA CLAUDI OLLINS AVE. APT. BEACH, FL. 33140  , ADRIANA	Added to Fees  ID DIRECTORS IN 11  XChange Addition  A 4-B  Change Xddition
Tax filing (See crite  11.  HILE  NAME  STREET ADDRESS  CITY-ST-ZIP  HILE	oration is eligible requirement and ria on back)  DPVTS SARMIEN 1775 WA	o to satisfy its Intangible elects to do so.  OFFICERS AND DI  OFFICERS AN	FILE NOW!!! After MAY 1, 2001 Make Check Payable RECTORS  Delete LAUDIA E. #5-B 3139	FEE IS \$150.0 Fee will be \$5 to Department  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPTS SARMIE 5640 C MIAMI V MOLINA 5640 C	10. Election Campaign Financing Trust Fund Contribution.  DITIONS/CHANGES TO OFFICERS AN  OLLINS AVE. APT. BEACH, FL. 33140  ADRIANA OLLINS AVE. APT.	Added to Fees  ID DIRECTORS IN 11  XChange Addition  A 4-B  Change Xddition
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Tax filing (See crite  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	oration is eligible requirement and ria on back)  DPVTS SARMIEN 1775 WA	o to satisfy its Intangible elects to do so.  OFFICERS AND DI  OFFICERS AN	FILE NOW!!! After MAY 1, 2001 Make Check Payable RECTORS Delete  LAUDIA E. #5-B 3139 Delete	FEE IS \$150.0 Fee will be \$5 to Department 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	DPTS SARMIE 5640 C MIAMI V MOLINA 5640 C	10. Election Campaign Financing Trust Fund Contribution.  DITIONS/CHANGES TO OFFICERS AN  ENTO, MARIA CLAUDI COLLINS AVE. APT. BEACH, FL. 33.140  ADRIANA COLLINS AVE. APT. BEACH, FL. 33.140  EIDDID 4458  -07/03/010	Added to Fees  ID DIRECTORS IN 11  X Change Addition  A 4-B  Change X ddition  4-B
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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.

STREET ADDRESS

CITY-ST-ZIP

MARIA C. SARMIENTO PRES. Date: SIGNATURE: X

NAME STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #