

05-21-2002 91164 045 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 000000 32061
 1. Entity Name
 GAPARDIS HEALTH & BEAUTY INC.

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 4686 NW 74th AVENUE
 Suite, Apt. #, etc

3. Mailing Address
 4686 NW 74th AVENUE
 Suite, Apt. #, etc

DO NOT WRITE IN THIS SPACE

City & State MIAMI, FLORIDA City & State MIAMI, FLORIDA 4. FEI Number 65-1005540 Applied For Not Applicable

Zip 33166 Country USA Zip 33166 Country USA 5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
 Name STEVE KOLSKI
 Street Address (P.O. Box Number is Not Acceptable) 169 EAST FLAGLER STREET
 1700 ALFRED DUPONT BUILDING
 City MIAMI FL Zip Code 33131

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 *Steph J. Kolos* DATE 5-1-2002
Signature of applicant or registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$360.00 Amended UBR is \$61.25 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP
P FARAH TICHEL 4686 NW 74 th AVENUE MIAMI, FL 33166	
V SABA TANIOS 4686 NW 74 th AVENUE MIAMI, FL 33166	
M PERRIDY DELPHINE 4686 NW 74 th AVENUE MIAMI, FL 33166	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Delphine PERRIDY* DATE 05/01/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)