


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

*AMENDED*  
FILED

0298554 AV

**DOCUMENT #** P00000032061

**1. Entity Name**  
GAPARDIS HEALTH & BEAUTY, INC.



03 JAN 24 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

**Principal Place of Business**  
4686 NW 74TH AVE  
MIAMI FL 33166

**Mailing Address**  
4686 NW 74TH AVE  
MIAMI FL 33166

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State

**4. FEI Number** 65-1005540  
Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**

KOLSKI, STEVE  
169 EAST FLAGLER STREET  
1700 ALFRED DUPONT BUILDING  
MIAMI FL 33131

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARAH, MICHEL 4686 NW 74TH AVE MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SABA, TANIOS 4686 NW 74TH AVE MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DELPHINE, PERRIDY 4686 NW 74TH AVE MIAMI FL 33166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	600010561556 01/23/03--01088--001 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<del>01/23/03--01088--001 **\$61.25</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	300011135443 01/28/03--01061--025 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12.** 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X* SIGNATURE *[Signature]* 1/22/03. *X* 305 468-8900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)