

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90129 046 \*\*\*150.00

**DOCUMENT # P01000042620**

1. Entity Name  
**HANDS-ON-BEAUTY, INC.**

Principal Place of Business

Mailing Address

~~3505 S. OCEAN DR., #310~~  
**HOLLYWOOD FL 33019**

~~3505 S. OCEAN DR., #310~~  
**HOLLYWOOD FL 33019**

870954



2. Principal Place of Business

3. Mailing Address

**6840 NW 17 Court**  
 Suite, Apt. #, etc.  
**250**

**6840 NW 17 Court**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MARGATE, FLORIDA**

City & State  
**MARGATE FLORIDA**

4. FEI Number  
**94-3415450**

Applied For  
 Not Applicable

Zip  
**33063**

Country  
**USA**

Zip  
**33063**

Country  
**USA**

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

**TRIBUCH, KENNETH H ESQ**  
**2100 CORAL WAY, STE. 403**  
**MIAMI FL 33145**

Name  
**GARY Christensen**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5530 LAKEWOOD CIRCLE 722**  
 City  
**MARGATE** **FL** Zip Code  
**33063**

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 **Gary Christensen** **GARY Christensen** **9/3/2002**  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
**D** ☐ Delete  
 NAME  
**MANCINI, ROSEMARY**  
 STREET ADDRESS  
**3505 S. OCEAN DR., #310**  
 CITY-ST-ZIP  
**HOLLYWOOD FL 33019**

TITLE  
**D** ☒ Change ☐ Addition  
 NAME  
**MANCINI, ROSEMARY**  
 STREET ADDRESS  
**6840 NW 17 COURT**  
 CITY-ST-ZIP  
**MARGATE, FLORIDA 33063-2533**

TITLE  
**D** ☐ Delete  
 NAME  
**RAO, THOMAS C**  
 STREET ADDRESS  
**3505 S. OCEAN DR., #310**  
 CITY-ST-ZIP  
**HOLLYWOOD FL 33019**

TITLE  
**D** ☒ Change ☐ Addition  
 NAME  
**RAO, THOMAS C**  
 STREET ADDRESS  
**6840 NW 17 COURT**  
 CITY-ST-ZIP  
**MARGATE, FLORIDA 33063-2533**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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 CITY-ST-ZIP

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: **GARY Christensen** **Director** **9/3/02** **954-972-6358**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Re: Hands on Beauty Inc. Attachment  
EIN: 94-3415450 9/3/2002

870951

To: Whom it May Concern:

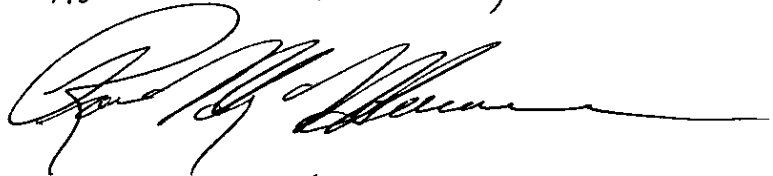
#P01000042620

We called Scott D. of The Division of Corporations at (850) 488-9000 and told him we had never recieved 2002 Uniform Business Report on time and had never filed a return before this.

He told us to pay \$150.00 to the State of Florida for this filing fee, we just started business and didn't know about this form being required.

Sincerely

Rosemarie Mancini, Director



Sep 302 - 02