

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90241 045 \*\*\*150.00

**DOCUMENT # P01000050820**

1. Entity Name  
**HANDS ON ART, INC.**

Principal Place of Business  
**3200 N. MILITARY TRAIL, #201**  
**BOCA RATON FL 33431**

Mailing Address  
**3200 N. MILITARY TRAIL, #201**  
**BOCA RATON FL 33431**

2. Principal Place of Business  
**9024 Emerson Ave.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**9024 Emerson Ave.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Surfside FL.**  
 Zip  
**33154**  
 Country  
**USA**

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**Surfside FL.**  
 Zip  
**33154**  
 Country  
**USA**

4. FEI Number  
**051103438**  
 Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**ROBLES, AURORA**  
**3200 N. MILITARY TRAIL, #201**  
**BOCA RATON FL 33431**

## 7. Name and Address of New Registered Agent

Name  
**Aurora Robles**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9024 Emerson Ave.**  
 City  
**Surfside** FL Zip Code  
**33154**

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   
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/29/02**

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	<b>D</b>	<b>ROBLES, AURORA</b>	<b>9024 EMERSON AVE.</b>	<b>SURFSIDE FL 33154</b>	<input type="checkbox"/>
	<b>S</b>	<b>Sebastian Malesich</b>	<b>9024 Emerson Ave.</b>	<b>Surfside FL 33154</b>	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 an other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04/29/02** **786-2519779**

CR2E034 (9/01)