


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90240 033 \*\*\*150.00

DOCUMENT # PO1000097345

1. Entity Name  
THE HAND AND FOOT COMPANY INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5792 Sunset Drive  
Suite, Apt. #, etc.

3. Mailing Address  
9820 SW 1st Ct.  
Suite, Apt. #, etc.

City & State  
South Miami FL

City & State  
Plantation FL

Zip  
33143 Country USA

Zip  
33324 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number  
36-4473102

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
DIANNE S. DEMOS CPA

Street Address (P.O. Box Number is Not Acceptable)  
9820 S.W. 1st COURT

City  
Plantation **FL** Zip Code  
33324

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 Dianne S. Demos CPA DATE 4/28/03

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Antonia Mofaris</u> <u>9820 SW 1st Ct</u> <u>Plantation, FL 33324</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIA MOFARIS [Signature] DATE 4/28/03 DAYTIME PHONE # 954 9150268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)