2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000044520

HANDS OF BEAUTY, INC.



02-25-2003 90114 016 ***150.00

FILED

Feb 25, 2003 8:00 am Secretary of State

Principal Place of Business 1015 EAST HILLSBORO BLVD

Mailing Address

641 NE 39TH STREET

DEERFIELD BEACH FL 33064				POMPANO BEACH FL 33064					 		 1111 1111 1111 1	
2. Principal Place of Business 1015 EAST HILSTORO BLU				3. Mailing Address 1015 EAST HILLSBORD BLUE				i 18841884 118 1841) 1881 8814 8814 8814	i ar iki sa kk i			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
Deerfield Bett, Zip Country			De	Deerfield de		CACH, FC33441.		. FEI Number 65-0757476		Applied For Not Applicable		
7633441. USA.		Zip H.	7233411		Country USA ·		i. Certificate of Status Desired		\$8.75 A	8.75 Additional		
	6. Name	and Address of Curre	ent Register	ed Agent			7. Nan	e and Address of New Re	egistered /		eu	\dashv
						Name						\dashv
LINAREZ, PILAR					Street Address (P.O. Box Number is Not Acceptable)							
641 NW 39TH ST				Street Address (I			, r.O. BOX (*O. Box Number is Not Acceptable)				
POMPANO	O BEACH FL	33064			- 1					•		7
					<u> </u>	City	-		FL	Zip Co		\dashv
8: The above the obliga	e named entity tions of registe	/ submits this statemen ered agent	t for the purp	ose of changing its	registered	office or register	ed agent,	or both, in the State of Flor	ida. I am f	amiliar with	, and accept	\dashv
S GNATURE		<u>. </u>										
	/Signature, typed o	or printed name of registered ag	ent and title if app	licable. (NOT	E: Registered /	Agent signature required	when reinstat	ing)	DATE			
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.0 Florida Department	0 of State			-		Election Campaign Fina Trust Fund Contribution		\$5.0 Adde	00 May Be d to Fees	
10.	 	OFFICERS AN	ID DIRECTO	RS	11.	 	ADDITI	ONS/CHANGES TO OFFIC	SEDO ANO	DIDECTOR	10 111 11	_
TITLE	P LINAREZ, PILAR		<u> </u>	□ Delete			ADDITI	ONS/CHANGES TO OFFIC	SERS AND	Change	S IN 11 Addition	; اـ
NAME					NAME	i				LJ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	SS 641 NW 39TH ST POMPANO BEACH FL 33064					STREET ADDRESS						
TITLE	PUMPANU	DEACH FL 33064			CITY-S	r-ZIP						
NAME I		•		☐ Delete .	TITLE NAME					☐ Change	☐ Addition	7 8
STREET ADDRESS						ADORESS		v				`
CITY-ST-ZIP					CITY-ST							
TITLE		-		☐ Delete	TITLE					☐ Change	Addition	\dashv
NAME CTOCET ADDRESS					NAME					LJ Change	Addition	
STREET ADDRESS CITY-ST-ZIP					STREET /	ADDRESS						
TITLE		-		☐ Delete	TITLE	-211						-
NAME			•	□ Delete	NAME					☐ Change	☐ Addition	
STREET ADDRESS					STREET A	ADDRESS						
CITY-ST-ZIP					CITY-ST	- ZIP						ł
TITLE				☐ Delete	TITLE			-		☐ Change	☐ Addition	1
NAME STREET ADDRESS					NAME	22222						
CITY-ST-ZIP					STREET A	l l						
TITLE	<u>. </u>			☐ Delete	TITLE	-			-			
NA <u>ME</u>				<i>0</i> 61616	NAME				l	Change	Addition	
STREET ADDRESS CITY-ST-ZIP					- STREET A			manufacture - Samuel S	• 	. •		
on 1-31-ZIP					CITY-ST-	ZIP						ĺ

12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #