

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105652

1. Entity Name

HIS HANDS MASSAGE THERAPY, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90089 036 ***150.00

Principal Place of Business

Mailing Address

~~9291 S.W. 18 ROAD~~
 BOCA RATON FL 33428

~~9291 S.W. 18 ROAD~~
 BOCA RATON FL 33431-8124

2. Principal Place of Business

2123 N.E. 4TH AVE

3. Mailing Address

2123 N.E. 4TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 BOCA RATON, FL

City & State
 BOCA RATON, FL

4. FEI Number 65-0835750

Applied For
 Not Applicable

Zip 33431

Country U.S.A

Zip 33431

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

ROTHENBERG, LARRY A P.A.
 900 N. FEDERAL HWY, STE. 460
 BOCA RATON FL 33432

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.

SIGNATURE

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | <input type="checkbox"/> Delete |
|-------------------------------------|---------------------------------|
| NAME PATTERSON, ROSE | |
| STREET ADDRESS 9291 S.W. 18 ROAD | |
| CITY-ST-ZIP BOCA RATON FL 33428 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
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| TITLE | <input type="checkbox"/> Delete |
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| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|-----------------------------------|
| NAME P/D | | |
| STREET ADDRESS 2123 N.E. 4 TH AVE | | |
| CITY-ST-ZIP BOCA RATON, FL. 33431 | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
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| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rose M. Patterson

Date

Daytime Phone #

3/17/00

(561) 417-0750

CR2E034 (9/99)