

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90242 044 \*\*\*150.00

**DOCUMENT # P98000070642**

1. Entity Name

**HAND ENTERTAINMENT GROUP, INC.**

Principal Place of Business

Mailing Address

**225 E DANIA BEACH BLVD #210  
 DANIA FL 33004**

**3180 NE 185 ST.  
 N. MIAMI BCH  
 N MIAMI BCH FL 33141-4006**

2. Principal Place of Business

**7510 Beach View Dr.**

3. Mailing Address

**7510 Beach View Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**North Bay Island, Florida**

City & State

**North Bay Island, Florida**

Zip

**33141**

Country

**USA**

Zip

**33141**

Country

**USA**

4. FEI Number

**65-0846603**

Applied For

Not Applicable

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

**GILLET, JOEL**

**3180 NE 185 STREET  
 N MIAMI BEACH FL 33160**

**7510 Beach View Dr  
 North Bay Island, FL  
 33141**

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 ☐ Delete

NAME **P GILLET, JOEL**

STREET ADDRESS **3180 NE 185 ST. 7510 Beach View Dr**

CITY-ST-ZIP **N MIAMI BCH FL 33161 North Bay Island FL 33141**

TITLE ☐ Delete

NAME **D'ACHON MONICA, Vice President**

STREET ADDRESS **7510 Beach View Drive**

CITY-ST-ZIP **NORTH BAY ISLAND FL 33141**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

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

**April 20, 2000 (305) 759-8719**