

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90133 021 ***158.75

DOCUMENT # 272115

1. Entity Name

SOLAR COSMETIC LABS, INC.

Principal Place of Business

Mailing Address

4920 N.W. 165 ST.
 MIAMI LAKES FL 33014
 US

4920 N.W. 165 ST.
 MIAMI LAKE FL 33014-6323
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1022566**

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

DORNBUSCH, JAIME
4920 N.W. 165 ST.
MIAMI LAKES FL 33014

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	PD	<input type="checkbox"/> Delete
NAME	DORNBUSCH, JAIME	
STREET ADDRESS	21150 POINT PLACE #1504	
CITY-ST-ZIP	AVENTURA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANKS, ROBERT	
STREET ADDRESS	ONE BOSTON PLACE, SUITE 2100	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GARAZI, EDWARD	
STREET ADDRESS	4920 NW 165 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACLEAN, RICHARD T	
STREET ADDRESS	2530 NATIONS BANK PLAZA	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	VT	<input type="checkbox"/> Delete
NAME	LUNDGREN, ROBERT	
STREET ADDRESS	14545 SW 79 COURT	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, RUSSELL R	
STREET ADDRESS	300 NORTH GREENE STREET	
CITY-ST-ZIP	GREENSBORO, NC 27401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, STEVEN	
STREET ADDRESS	270 CONGRESS STREET	
CITY-ST-ZIP	BOSTON, MA 02210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 all other like empowered.

SIGNATURE: Robert Lundgren **Robert LUNDGREN** 1/21/00 (305) 621-5551
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #