

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91465 017 ***150.00

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DOCUMENT # H51652

1. Entity Name

SKIN CANCER TREATMENT CENTER, INC.

Principal Place of Business

**SUITE C. 10041 PINES BLVD.
 PEMBROKE PINES FL 33024**

Mailing Address

**SUITE C. 10041 PINES BLVD.
 PEMBROKE PINES FL 33024**

2. Principal Place of Business

10067 PINES BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Pembroke Pines, FL

City & State

4. FEI Number

59-2519537

Applied For

Not Applicable

Zip

33024

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

RAMIREZ, FREDERICK J.

**10041 PINES BLVD, SUITE C
 PEMBROKE PINES FL 33024**

**10067 PINES BLVD,
 STE A**

7. Name and Address of New Registered Agent

Name RAMIREZ, FREDERICK

Street Address (P.O. Box Number is Not Acceptable)

10067 PINES BLVD, Suite A

City Pembroke Pines

FL

Zip Code 33024

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 for re-stating)

FREDERICK RAMIREZ

4/17/02

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, 2002 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

TITLE	PST	☒ Delete
NAME	ZEOLI, KATHRYN	
STREET ADDRESS	10041 PINES BLVD., #C	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VP	☒ Delete
NAME	LEAL KHOURI, SUSANA M	
STREET ADDRESS	10041 PINES BLVD #C	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	☒ Change ☐ Addition
NAME	ZEOLI, KATHRYN	
STREET ADDRESS	10067 PINES BLVD., #A	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	V.P.	☒ Change ☐ Addition
NAME	LEAL KHOURI, SUSANA	
STREET ADDRESS	10067 PINES BLVD. #A	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

KATHRYN ZEOLI, President

4/17/02 9544365625

Date

Daytime Phone #

CR2E034 (9/01)