

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000045896
 1. Entity Name
 CESNAM-CENTRO DE ESTETICA Y SALUD
 NUEVO AMENECER, INC.

FILED

02 DEC 19 PM 2:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7910 WEST DRIVE		3. Mailing Address 7910 WEST DRIVE	
Suite, Apt. #, etc. APT. 205		Suite, Apt. #, etc. APT. 205	
City & State NORTH BAY VILLAGE, FL		City & State NORTH BAY VILLAGE, FL	
Zip 33141	Country USA	Zip 33141	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1101566	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name NELLY ROQUE	
Street Address (P.O. Box Number is Not Acceptable) 7910 WEST DRIVE, APT. 205	
City NORTH BAY VILLAGE	FL Zip Code 33141

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 NELY ROQUE, PRESIDENT 12-1-02
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. <input type="checkbox"/> <small>(See criteria on back)</small>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT NELLY ROQUE 7910 WEST DRIVE, APT. 205 NORTH BAY VILLAGE, FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP 500009600595 12/19/02 01000 007 ***150.00
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[Handwritten Signature]

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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 on an attachment with an address, with all other titles empowered.

SIGNATURE: NELY ROQUE, PRESIDENT 12-1-02 305-372-2380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)