

FILED
Sep 22, 2002 8:00 am
Secretary of State

08-26-2002 90068 044 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000103066

1. Entity Name
AMANDARI SKINCARE, INC

Principal Place of Business
8232 MASSACHUSETTE AVE
NEW PORT RICHEY FL 34652

Mailing Address
~~8232 MASSACHUSETTE AVE~~
~~NEW PORT RICHEY FL 34652~~
9460 DELRAY DR
NEW PORT RICHEY, FL 34654

99806

2. Principal Place of Business
8232 Massachusetts Ave
Suite, Apt. #, etc.

3. Mailing Address
9460 Delray Dr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
New Port Richey
Zip
34654
Country
USA

City & State
New Port Richey
Zip
FL 34654
Country
USA

4. FEI Number
593754433

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
LANE, LESTER E
5303 LOCUST PLACE
NEW PORT RICHEY FL 34652-3736

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD WENANG, TINA 8232 MASSACHUSETTE AVE NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

8/10/02 927-992-2577
Date Date Time

CR2E034 (4/02)

Attachment

#P01000103066

8-8-02

99807

To whom it may concern

Please change the Mailing address
to 9460 Delray Dr
New Port Richey, FL 34654.

I did not receive the previous bill
because you sent it to the wrong address.
Hope you make a correction.
Thanks.

Tina Wemy