

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 12, 2002 8:00 am
Secretary of State

06-12-2002 90238 028 ***150.00

DOCUMENT # P01000109842
1. Entity Name
ALLSKIN NATURAL BEAUTY INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2800 NE 8th TERRACE
Suite, Apt. #, etc.

3. Mailing Address
2800 NE 8th TERRACE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
POMPA NO BEACH FL

City & State
POMPA NO BEACH FL

4. FEI Number
65-1152744

Applied For
 Not Applicable

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

Zip
33064 Country
USA Zip
33064 Country
USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JULIANA AQUILINO

Street Address (P.O. Box Number is Not Acceptable)
3961 N FEDERAL HWY

City
POMPA NO BEACH FL Zip Code
33064

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)

**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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P NILSON MOREIRA 2800 NE 8th TERRACE POMPA NO BEACH - FL 33064</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>J SANDRA M. DA SILVA 2800 NE 8th TERRACE POMPA NO BEACH - FL - 33064</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 like empowered.

SIGNATURE: Nilson Moreira NILSON MOREIRA 6/6/02 954 9415737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

Attachment



868823

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 10, 2002

ALLSKIN NATURAL BEAUTY, INC.
2800 N.E. 8 TERRACE
POMPANO BEACH, FL 33064

SUBJECT: ALLSKIN NATURAL BEAUTY, INC.
Ref. Number: P01000109842

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 902A00029619