2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 13, 2000 8:00 am DOCUMENT # P97000098324 1. Entity Name Secretary of State CULTURAL AESTHETICS, INC. 03-13-2000 90011 019 ***150.00 Mailing Address Principal Place of Business 636 U.S. HWY, 1, STE, 301 636 U.S. HWY. 1. STE. 301 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408-4611 000356822. Principal Place of Business 1141 Emerald Drive 3. Mailing Address 1141 Emerald Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0792803 Not Applicable Singer Island, Singer Island, Country \$8.75 Additional ^{Zip} 33404 5. Certificate of Status Desired 33404 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALTORK, KATHLEEN Street Address (P.O. Box Number is Not Acceptable) 636 U.S. HWY. 1, STE. 301 1141 Emerald Drive NORTH PALM BEACH FL 33408 ^{City} Singer Island **33404** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS **XX** Change CR2F034 (9/99) ☐ Addition ☐ Delete TITLE TITLE ALTORK, KATHLEEN NAME NAME 1141 Emerald Drive STREET ADDRESS STREET ADDRESS 636 U.S. HWY 1 STE 301 CITY-ST-ZIE Singer Island, FL 33404 NORTH PALM BEACH FL 33408 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP hereby certify that the information supplied with this filling 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

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.