

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 272115**

1. Entity Name

SOLAR COSMETIC LABS, INC.**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90133 021 ***158.75

Principal Place of Business

Mailing Address

**4920 N.W. 165 ST.
MIAMI LAKES FL 33014
US****4920 N.W. 165 ST.
MIAMI LAKE FL 33014-6323
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1022566

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DORNBUSCH, JAIME
4920 N.W. 165 ST.
MIAMI LAKES FL 33014**

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.

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DORNBUSCH, JAIME
21150 POINT PLACE #1504
AVENTURA FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MYERS, RUSSELL R
300 NORTH GREENE STREET
GREENSBORO, NC 27401** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HANKS, ROBERT
ONE BOSTON PLACE, SUITE 2100
BOSTON MA 02108** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GRAY, STEVEN
270 CONGRESS STREET
BOSTON, MA 02210** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
GARAIZ, EDWARD
4920 NW 165 ST
MIAMI FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MACLEAN, RICHARD T
2530 NATIONS BANK PLAZA
CHARLOTTE NC 28288** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
LUNDGREN, ROBERT
14545 SW 79 COURT
MIAMI FL 33158** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert LUNDGREN**1/21/00 (305) 621-5551**

Date

Daytime Phone #