

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000303

1. Entity Name
VEIN AND SKIN SPA, INC.

Principal Place of Business

4865 HUNTERS WAY
BOCA RATON FL 33434
1776 N Pine Island Rd #210
Plantation FL 33322

Mailing Address

4865 HUNTERS WAY
BOCA RATON FL 33434

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

KAMMER, CHARLOTTE
4865 HUNTERS WAY
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name Alexander G. Kammer
Street Address (P.O. Box Number is Not Acceptable)
4865 Hunters Way
City Boca Raton FL Zip Code 33434

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 Charlotte Kammer 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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, 2002 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

TITLE	CPST	<input checked="" type="checkbox"/> Delete
NAME	KAMMER, CHARLOTTE	
STREET ADDRESS	4865 HUNTERS WAY	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAMMER, CHARLOTTE	
STREET ADDRESS	4865 HUNTERS WAY	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President CPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alexander G. Kammer	
STREET ADDRESS	4865 Hunters Way	
CITY-ST-ZIP	Boca Raton FL 33434	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alexander G. Kammer	
STREET ADDRESS	4865 Hunters Way	
CITY-ST-ZIP	Boca Raton FL 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] DATE 4/29/02 DAYTIME PHONE 561-702-0906

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-23-2002 90087 011 ***150.00

93135



DO NOT WRITE IN THIS SPACE

4. FEI Number 88-0444737 Applied For ☐ Not Applicable ☐

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

CR2E034 (9/01)