


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91793 005 \*\*\*150.00

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<b>DOCUMENT #</b> F00000004259	
<b>1. Entity Name</b> SKINTECH 2000, INC.	

<b>Principal Place of Business</b> 1729 E. COMMERCIAL BLVD., #298 FT LAUDERDALE FL 33334	<b>Mailing Address</b> 1729 E. COMMERCIAL BLVD., #298 FT LAUDERDALE FL 33334
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<b>2. Principal Place of Business</b> 1511 E Commercial Blvd. Suite, Apt. #, etc. Ste 17	<b>3. Mailing Address</b> 1511 E Commercial Blvd. Suite, Apt. #, etc. Ste 17
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☒ CHECK HERE IF MAKING CHANGES

<b>City &amp; State</b> Ft. Lauderdale, FL	<b>City &amp; State</b> Ft. Lauderdale, FL
<b>Zip</b> 33334	<b>Zip</b> 33334
<b>Country</b>	<b>Country</b>

<b>4. FEI Number</b> 58-2460082	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  BAKER, SUSAN 1729 E. COMMERCIAL BLVD., #298 FT LAUDERDALE FL 33334
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<b>7. Name and Address of New Registered Agent</b>  Name Susan Baker Street Address (P.O. Box Number is Not Acceptable) 1511 E Commercial Blvd Ste 17 City Ft. Lauderdale FL FL Zip Code 33334
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<b>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.</b>  SIGNATURE <u>Susan Baker</u> (NOTE: Registered Agent signature required when reinstating) DATE 4-30-03
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PCD BAKER, SUSAN 1729 E COMMERCIAL BLVD., STE 298 FT LAUDERDALE FL	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b> <u>Susan Baker</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>4-30-03</u> Date	<u>954-491.2125</u> Daytime Phone #
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CR2E034 (10/02)