

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000004755

1. Entity Name

CLINICAL CONCEPTS PLASTIC  
ASTHETIC DERMATOLOGY, LTD., INC.



FILED

04 JAN -6 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400026116514

01/06/04--01019--022 \*\*150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ONE BATTERY PARK PLAZA

3. Mailing Address

ONE BATTERY PARK PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW YORK, NY

City & State

NEW YORK, NY

Zip

10004

Country

USA

Zip

10004

Country

USA

4. FEI Number

01-0671694

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1700 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

DO NOT WRITE  
IN THIS SPACE

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.

ANN LASKOWSKI

Assistant Secretary

12-16-2003

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
CHARLES J. LEMOINE  
529 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ROBERT J. KAUFMAN  
TREASURER  
ONE BATTERY PARK PLAZA  
NEW YORK, NY 10004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/03

Date

212-269-0512

Daytime Phone #

CR2E034B (12/02)

**CLINICAL CONCEPTS PLASTIC ASTHETIC DERMATOLOGY, LTD., INC.**  
**ONE BATTERY PARK PLAZA, 26<sup>TH</sup> FLOOR**  
**NEW YORK, NY 10004**

December 18, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500


Dear Sir/Madame:

We are filing our first Uniform Business Report for the year ended December 31, 2002. Our company was incorporated in the State of Delaware in April of 2002, and although it has not carried on any business, did register to do business in Florida in late 2002 for business planning purposes. Our designated representative, CT Corporation, was the registered agent who handled such registration filing, and on which agent we relied to provide appropriate information and filing requirements for the State of Florida.

Such information particularly relating to the Uniform Business Report (UBR) was received in the form of a routine bulletin from CT Corporation in December 2003 about which had no previous knowledge. This bulletin noted that the UBR was due by May 1 for the previous year. Had we been advised on a timely basis by our agent in Florida that such a filing and fee was required, such a filing would no doubt been filed and the fee of \$150 paid when due.


In view of the above additional facts, we respectfully request that the penalty be waived for this initial filing. The UBR form and a check for this first filing in the amount of \$150 is enclosed. Please also keep in mind that there was no deliberate attempt to delay the filing or pay the appropriate fee.

Sincerely,

  
Robert J. Kaufmann  
Treasurer

Enclosures: as above

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

<b>DOCUMENT #</b> P02000105540	
<b>1. Entity Name</b> KRESTVIEW ACADEMY, INC.	

**FILED**  
04 JAN -6 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
000026119940  
01/05/04--01019--024 \*\*300.00

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 11425 Balm-Riverview Rd Suite, Apt. #, etc.	<b>3. Mailing Address</b> PO Box 212 Suite, Apt. #, etc.
---	--

**REINSTATEMENT** 03-04  
DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Riverview, FL 33569	<b>City &amp; State</b> Riverview, FL 33569
<b>Zip</b> 33569	<b>Country</b> USA

<b>4. FEI Number</b> 04-3716011	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> SPIEGEL & UTRERA, PA	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1840 SW 22nd Street	
<b>4th Floor</b>	
<b>City</b> Miami	<b>FL</b> <b>Zip Code</b> 33145

**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</b> Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
--	--	-------------

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</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>
--	---

<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> President	<b>NAME</b> Jewel C. Cavas	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 11425 Balm-Riverview Rd	<b>STREET ADDRESS</b> Riverview, FL 33569	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b> Riverview, FL 33569	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> Vice President	<b>NAME</b> Paul A. Cavas	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 11425 Balm-Riverview Rd	<b>STREET ADDRESS</b> Riverview, FL 33569	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b> Riverview, FL 33569	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> Sec/Treas	<b>NAME</b> Pauline Cavas Shockley	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 11425 Balm-Riverview Rd	<b>STREET ADDRESS</b> Riverview, FL	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b> Riverview, FL	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> Director	<b>NAME</b> Constantina E. Malecki	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 11425 Balm-Riverview Rd	<b>STREET ADDRESS</b> Riverview FL 33569	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b> Riverview FL 33569	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b> 	<b>Jewel C. Cavas, President</b>	<b>12/31/03</b>	<b>813/621-1357</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)

December 30, 2003

Ms. Loria Poole  
Uniform Business Report  
Div of Corporations  
P O Box 1500  
Tallahassee, Fl 32302-1500

RE: KRESTVIEW ACADEMY, INC.  
P02000105540  
FEI #04-3716011

---

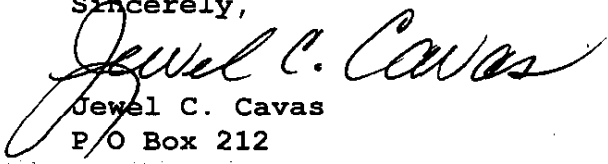
Dear Ms. Poole:

Please be advised that we did not receive our Annual report because it was sent to the wrong address. Our mailing address is PO BOX 212, Riverview, FL 33568.

Maggie from Spiegel & Utrera, PA said the late fee would be waived and we are paying \$150.00 per year (2003 & 2004) for a total of \$300.00.

Thank you for your assistance.

Sincerely,

  
Jewel C. Cavas  
P O Box 212  
Riverview, Fl 33568  
813/621-1357 (work)  
813/677-5322 (home)