2001/UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F69941

1. Entity Name

KATHE HEIDE SKIN CARE CLINIC, INC.

FILED Apr 04, 2001 8:00 am Secretary of State

| NATITE REIDE SKIN GARL OLINIO, ING. | | | 04-04-2001 90051 008 ***150.00 | | | |
|--|--|---|--|--|--|--|
| Principal Place of Business | Mailing Address | | | | | |
| % KATHE I HEIDE 535 BEACHLAND BLVD. VERO BEACH FL 32963-1742 | % KATHE I HEIDE 535 BEACHLAND BLVD. VERO BEACH FL 32963-17 | 42 | - 1281/38 (119 81) 8 1 118 (81) (81) (81) | 8 1 (181 8191) 8 1812 6 1811 81 | NI 4(4) 8(8) 184) | |
| 2. Principal Place of Business | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | DO NOT WR | ITE IN THIS SPACE | | |
| City & State | City & State | | 4. FEI Number 59-217048 | 7 | Applied For Not Applicable | |
| Zip Country | Zip | Country | 5. Certificate of Status Desired | \$8.75 Fee Re | Additional | |
| 6. Name and Address of Current Registered Agent | | <u> </u> | 7. Name and Address of New F | Registered Agent | | |
| | | Name | مستند كالمشار الشاري المستوي والمساورة المساورة الم | ويدو و بودي وي در المراجع المساور المس | | |
| HEIDE, KATHE I 535 BEACHLAND BLVD. | - | Street Ac | dress (P.O. Box Number is Not Acceptable | 9) | | |
| VERO BEACH FL | | City | | FI Zin | Code | |
| | <u> </u> | City | | FL Zip | | |
| | | | | | | |
| SIGNATURE Signature, typed or printed name of registered ago 8. This corporation is eligible to satisfy its Intangil Tax filing requirement and elects to do so. (See criteria on back) | ble FILE NOW | E: Registered Agent signalur III FEE IS \$150.0 00 Fee will be \$55 ble to Department | 10. Election Campaign Fin | | 5.00 May Be | |
| Signature, typed or printed name of registered age This corporation is eligible to satisfy its Intangil Tax filing requirement and elects to do so. (See criteria on back) | ble FILE NOW! | 111 FEE IS \$150.00 | 10. Election Campaign Fin | n. D Ac | ded to Fees | |
| Signature, typed or printed name of registered ag 9. This corporation is eligible to satisfy its Intangil Tax filing requirement and elects to do so. (See criteria on back) | After MAY 1, 20 Make Check Payat | III FEE IS \$150.0 04 Fee will be \$55 ble to Department | 10. Election Campaign Fin Trust Fund Contribution | n. D Ac | ORS IN 11 | |
| Signature, typed or printed name of registered age 9. This corporation is eligible to satisfy its Intangil Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AN TITLE NAME HEIDE, KATHE I STREET ADDRESS 3060 11TH AVE | After MAY 1, 20 Make Check Payat ND DIRECTORS | III FEE IS \$150.0 Of Fee will be \$55 ole to Department 12. TITLE NAME STREET ADDRESS | 10. Election Campaign Fin Trust Fund Contribution | tancing \$ | ORS IN 11 ge Addition | |
| 9. This corporation is eligible to satisfy its Intangil Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AN TITLE NAME STREET ADDRESS CITY-ST-ZIP VERO BCH, FL 00000 ITLE NAME STREET ADDRESS | After MAY 1, 20 Make Check Payat ND DIRECTORS Delete | III FEE IS \$150.0 Of Fee will be \$55 ole to Department 12. IIILE NAME STREET ADDRESS CITY-S1-ZIP IIILE NAME STREET ADDRESS | 10. Election Campaign Fin Trust Fund Contribution | lancing \$ n. | ORS IN 11 ge Addition ge Addition | |
| 9. This corporation is eligible to satisfy its Intangil Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AN TITLE NAME STREET ADDRESS CITY-ST-ZIP VERO BCH, FL 00000 1ITLE NAME STREET ADDRESS CITY-ST-ZIP 1ITLE NAME STREET ADDRESS CITY-ST-ZIP 1ITLE NAME STREET ADDRESS CITY-ST-ZIP | After MAY 1, 20 After MAY 1, 20 Make Check Payat ND DIRECTORS Delete | III FEE IS \$150.0 Of Fee will be \$55 ole to Department 12. IIILE NAME STREET ADDRESS CITY-S1-ZIP IIILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS | 10. Election Campaign Fin Trust Fund Contribution | Idencing \$ n. | ORS IN 11 ge Addition ge Addition | |
| Signature, typed or printed name of registered ago 9. This corporation is eligible to satisfy its Intangil Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AN TILLE THE PROPERTY OF THE PRO | After MAY 1, 20 Make Check Payat ND DIRECTORS Delete Delete Delete | III FEE IS \$150.0 Of Fee will be \$55 ole to Department 12. IIILE NAME STREET ADDRESS CITY-S1-ZIP IIILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP | 10. Election Campaign Fin Trust Fund Contribution | Isincing \$ n. | ORS IN 11 ge Addition ge Addition ge Addition | |
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13. I hereby certify that the information supplied with this thing 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 applications.

SIGNATURE

Kak Andi

13-29-2001