

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000000899**

1. Entity Name

THE DERMAL GROUP, INC.**FILED**
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90038 021 ***150.00

Principal Place of Business

Mailing Address

**1001 KNOX ST.
TORRANCE CA 90502****1001 KNOX ST.
TORRANCE CA 90502-1030**

2. Principal Place of Business

3. Mailing Address

3201 WEST COMMERCIAL**1001 KNOX STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLVD. # 122City & State
FT LAUDERDALE, FL.City & State
TORRANCE, CA.4. FEI Number **52-1602811**

Applied For

Not Applicable

Zip
33309Country
USAZip
90502-1030Country
USA5. 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****BONAVIA, ANTHONY M
3201 WEST COMMERCIAL BLVD. #122
FT. LAUDERDALE FL 33309**

Name

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

3201 WEST COMMERCIAL BLVD. # 122City
FT. LAUDERDALE**FL**Zip Code
33309

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 **P** ☐ Delete
NAME **WURWAND, JANE M**
STREET ADDRESS **1001 KNOX ST.**
CITY-ST-ZIP **TORRANCE CA 90502**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **LAWTON, MICHAEL D**
STREET ADDRESS **12343-A SUNRISE VALLEY DR.**
CITY-ST-ZIP **RESTON VA 20191**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14030 THUNDERBOLT PLACE # 100**
CITY-ST-ZIP **CHANTILLY, VA. 20191**TITLE **S** ☐ Delete
NAME **WURWAND, RAYMOND L**
STREET ADDRESS **1001 KNOX ST.**
CITY-ST-ZIP **TORRANCE CA 90502**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORETTA STANLEY**05-01-00****310-352-4784**

Date

Daytime Phone #

CR2E034 (9/99)