

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004545

1. Entity Name

~~DERMPLAGE, INC.~~

MYSKINMD, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90027 019 ***158.75

Principal Place of Business

Mailing Address

~~535 MADISON AVENUE, 28TH FLOOR
NEW YORK NY 10022~~

~~535 MADISON AVENUE, 28TH FLOOR
NEW YORK NY 10022 4212~~

2. Principal Place of Business

3507 Frontage Road

3. Mailing Address

3507 Frontage Road

Suite, Apt. #, etc.

Suite 180

Suite, Apt. #, etc.

Suite 180

City & State

Tampa FL

City & State

Tampa FL

Zip

33607

Country

USA

Zip

33607

Country

USA

4. FEI Number

13-4075585

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

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 NAME STREET ADDRESS CITY-ST-ZIP	PCD DIRCKS, THOMAS C 535 MADISON AVENUE, 28TH FLOOR NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LIVERS, LORI A 535 MADISON AVENUE, 28TH FLOOR NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUBIN, STEPHEN W 1585 BROADWAY, SUITE 22-30 NEW YORK NY 10022	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASEY, JEFF 3507 FRONTAGE ROAD, SUITE 180 TAMPA FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWTHORNE, A. KEITH 3507 FRONTAGE ROAD, SUITE 180 TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIRCKS, THOMAS C 535 MADISON AVENUE, 28th FLOOR NEW YORK, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVERS, LORI A 535 MADISON AVENUE, 28th FLOOR NEW YORK, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALBA, RUSSELL 3507 FRONTAGE RD, STE 180 TAMPA, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENTHORNE, A. KEITH 3507 FRONTAGE RD, STE 180 TAMPA, FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAGAN, A. LAWRENCE 535 MADISON AVENUE, 28th FLOOR NEW YORK, NY 10022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINKEL, DAVID 3507 FRONTAGE RD, STE 180 TAMPA, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

Russell T. Alba T. Alba

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 13, 2000

813.836.8866

CR2E034 (9/99)