

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90054 024 \*\*\*150.00

600827



DO NOT WRITE IN THIS SPACE

|  |  |  |   |
|--|--|--|---|
| <b>DOCUMENT # H79103</b>   |  |  |   |
| <b>1. Entity Name</b><br>ROMANA RAIN SKIN CARE CENTER, INC.  |  |  |   |
| <b>Principal Place of Business</b><br>165 WEKIVA SPGS. RD.<br>SUITE 135<br>LONGWOOD FL 32779   |  | <b>Mailing Address</b><br>165 WEKIVA SPGS. RD.<br>SUITE 135<br>LONGWOOD FL 32779   |   |
| <b>2. Principal Place of Business</b><br><br>Suite, Apt. #, etc.   |  | <b>3. Mailing Address</b><br><br>Suite, Apt. #, etc.   |   |
| <b>City &amp; State</b>  |  | <b>City &amp; State</b>  |   |
| <b>Zip</b>   | <b>Country</b>   | <b>Zip</b>   | <b>Country</b>  |
| <b>4. FEI Number</b> 07-6287769  |  | <b>Applied For</b><br><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><br><br>STEPHAN, THOMAS L.<br>251 MAITLAND AVE<br>#302<br>ALTAMONTE SPRINGS FL 32701   |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City FL Zip Code |   |
| <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.</b>   |  |  |   |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |   |
| <b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/><br><small>(See criteria on back)</small>   |  | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b>      |   |
| <b>10. Election Campaign Financing</b> <input type="checkbox"/>  |  | <b>\$5.00 May Be Added to Fees</b>   |   |
| <b>11. OFFICERS AND DIRECTORS</b>  |  | <b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <b>P</b><br>RAINONE, ROMANA<br>2762 CATTAIL COURT<br>LONGWOOD FL<br><input type="checkbox"/> Delete    | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <b>VP</b><br>RAINONE, LOUIS<br>2762 CATTAIL CT<br>LONGWOOD FL 32779<br><input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |  |  |   |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  | <b>Date</b> 1-8-01<br>6077747917   |   |

CR2E034 (10/00)