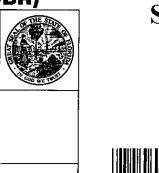
2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011077

1. Entity Name

ECLECTIC SKIN INSTITUTE, LLC

FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90111 037 ****50.00



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Principal Place of Business			Mailing Address	Mailing Address			ማስብ የተመሰው ተ				
			1400 SOUTH OCEAN DR., HOLLYWOOD FL 33019	1400 South Ocean Dr., Ste. 1103 Hollywood Fl 33019			4 0	, , , ,	_		
								NA BOTOLAR			
2. Principal f	Place of Busin	ess	3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Star	te	-	City & State			4. FEI Nun	nber 65-1040502			pplied For ot Applicable	
Zip Country			Zip	Zip Country			5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent	gistered Agent Name			7. Name and Address of New Registered Agent				
SPIEGEL & UTRERA, P.A.											
343	ALMERIA A' RAL GABLES	venue				Street Address (P.O. Box Number is Not Acceptable)					
					City				Zip Cod	le .	
								FL	1 '		
the obligat	named entity tions of registe	submits this statement foered agent.	r the purpose of changing it	s registere	ed office or r	egistered agent, or t	ooth, in the State of Florid	da. 1 am fa	amiliar with,	and accept	
SIGNATURE .	Signatura typed	or printed name of registered agent a	AND TO A STATE OF THE STATE OF				,,, <u>,,,</u> ,				
	orginatore, typeu t	or busined transport redistrated afferting			• • • • • • • • • • • • • • • • • • • •	e required when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE			
					EE IS \$5						
			Make Check Payat		orida Depa ıy 1, 2003	artment of State					
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/C	HANGES			
TITLE	MGRM		☐ Delete	TITLE					☐ Change	Addition	
NAME	PARKER,	SASHA		NAME	. [_ ,	_	
STREET ADDRESS		5th avenue			ET ADDRESS						
CITY-ST-ZIP		RDALE FL 33315	- · · · · · · · · · · · · · · · · · · ·	CITY-	ST-ZIP						
TITLE	MGRM		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	JONES, B.			NAME							
STREET ADDRESS CITY-ST-ZIP		CEAN DRIVE, SUITE 1	103		ET ADDRESS						
	HULLYWU	OD FL 33019			ST-ZIP	<u></u>		=			
TITLE NAME			☐ Delete	TITLE					☐ Change	Addition	
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CITY-ST-ZIP					ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	Addition	
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CITY-ST-ZIP				CITY-:	ST-ZIP						
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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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #