

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90192 041 \*\*\*\*50.00

**DOCUMENT # L01000011500**

1. Entity Name  
**THE BEAUTY OF LASER, LLC**

Principal Place of Business  
**3659 S. MIAMI AVENUE, SUITE 6006  
 MIAMI FL 33133**

Mailing Address  
**3659 S. MIAMI AVENUE, SUITE 6006  
 MIAMI FL 33133**

2. Principal Place of Business  
**3659 S MIAMI AVE  
 SUITE, Apt. #, etc.  
 6006**

3. Mailing Address  
**SAME AS ABOVE  
 SUITE, Apt. #, etc.**

City & State  
**MIAMI**

City & State

4. FEI Number  
**65-1124854**

Applied For  
 Not Applicable

Zip  
**33133**

Country  
**U.S.A.**

Zip

Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERNANDEZ-ROCHA, ALICIA  
 3659 S. MIAMI AVENUE, SUITE 6006  
 MIAMI FL 33133**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| TITLE     | NAME                   | STREET ADDRESS    | CITY-ST-ZIP            | Delete                   |
|-----------|------------------------|-------------------|------------------------|--------------------------|
| PRESIDENT | ALICIA FERNANDEZ-ROCHA | 1435 MERCADO AVE. | CORAL GABLES FL 33146  | <input type="checkbox"/> |
| SECRETARY | MIREN AMAYA SANCHEZ    | 6831 SUNRISE CT   | CORAL GABLES, FL 33133 | <input type="checkbox"/> |
|           |                        |                   |                        | <input type="checkbox"/> |
|           |                        |                   |                        | <input type="checkbox"/> |
|           |                        |                   |                        | <input type="checkbox"/> |
|           |                        |                   |                        | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change                   | Addition                 |
|-------|------|----------------|-------------|--------------------------|--------------------------|
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |

11. 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: *Alicia Fernandez-Rocha*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/02  
 DATE

Daytime Phone #

CR2E083 (9/01)