

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2002 8:00 am
Secretary of State

08-22-2002 90003 036 ****50.00

DOCUMENT # L01000022049

1. Entity Name

NAPLES SKIN CARE, LLC

Principal Place of Business

**1840 S.W. 22ND ST., 4TH FLOOR
MIAMI FL 33145**

Mailing Address

**P.O. BOX 336
300 5TH AVE. SOUTH. STE. 101
NAPLES FL 34102**

2. Principal Place of Business

535 Park Street

Suite, Apt. #, etc.

3. Mailing Address

300 5th Avenue South

Suite, Apt. #, etc.

#101-336

City & State

Naples, FL

City & State

Naples, FL

Zip

34102

Country

U.S.A

Zip

34102

Country

U.S.A

4. FEI Number

65-1159983

Applied For

☐ Not Applicable

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

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST.

4TH FLOOR

MIAMI FL 33145

Name

Debra-J. Van-Schaardenburg

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

535 Park Street

City

Naples

FL

Zip Code
34102

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **VAN SCHAARDENBURG, DEBRA J**
STREET ADDRESS **P.O. BOX 336, 300 5TH AVE. SOUTH STE. 101**
CITY-ST-ZIP **NAPLES FL 34102**

☒ Change ☐ Addition
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **300 5th Avenue South, #101-336**
CITY-ST-ZIP **Naples, FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)