2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03325

1. Entity Name

SKINSATION, INC.

Mailing Address

Principal Plac	se of business	ivialiting Address	Mailing Address				
3301 NE 3310 STREET LAURA DINATAIE FORT LAUDERDALE FL 33308		3301 NE 3310 STREET LAURA DINATAIE FORT LAUDERDALE FL 33308		. 100/1814 414	1 184 (40 (418) (1114 - 111 0) 11 14 - 1	9/27) A(A); P18); A(A); A	1811 BIB(† 1881
		1 1 1 1 1 1 1 1 1 1				<u> </u>	
2. Principal Place of Business		3. Mailing Address 3209 Beacon 5+			 		<u> </u>
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		POMORNO BEACH		4. FEI Number	037(13(5))/		pplied For ot Applicable
Zip	Country	3306Z	Baward)	5. Certificate of S	Status Desired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
			Name		•		
330	IATALE, LAURA)1 NE 3310 STREET RT LAUDERDALE FL 33308		Street Addres	ss (P.O. Box Number is	Not Acceptable)		
1981 Control of the Control			City	FL Zip Code			
A 75	V A 6, - 1	dha mumana af alaasiis	ita ragiotarad effice asi-	atored agent as both 1	· · · · · · · · · · · · · · · · · · ·		
SIGNATURE	e named entity submits that statement for	the purpose of changing	its registered office or regis	stered agent, or both, i	<i></i>	- 10 =	00
	Signature, typed or printed highe of registered agent as	nd title if applicable (N	IOTE: Registered Agent signature requ	uired 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 \$550.00. After SEPTEMBER 13, 2000 Min. will be \$7 Make Check Payable to Department of S		750:00 Trust F	on Campaign Financin Fund Contribution.	+	00 May Be d to Fees
11,	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CH	IANGES TO OFFICERS	S AND DIRECTOR	S IN 11
TITLE	PSTD	Delete	TITLE			☐ Change	Addition
NAME			NAME			. – -	_
NAME STREET ADDRESS DINATALE, LAURA 3201 NE 33RD STREET 3301 NE 331		31 DC 33103F	STREET ADDRESS				1
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white in (i)	4.	☐ Delete	TITLE			Change	Addition
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.13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rindicated on this report or supplemental report is in the 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 required 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 empower d.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

3-W-00 (1000) 928

FILED

Aug 22, 2000 8:00 am Secretary of State

08-22-2000 90220 033 ***550.00