

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR -9 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# M00000001693

1. Entity Name

SKINNY SKIN LLC

Principal Place of Business

3508 TAMiami TRAIL "G"
PORT CHARLOTTE FL 33952

Mailing Address

3508 TAMiami TRAIL "G"
PORT CHARLOTTE FL 33952

2. Principal Place of Business

24901 SANDHILL BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT # 11 # 12

CITY & STATE
PUNTA GORDA FLA.

CITY & STATE

SAME

Zip
33983

Country
US

Zip

Country

4. FEI Number

88-0468869

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PUARIEA, LOUIS D
26373 MADAGASCAR RD.
PUNTA GORDA FL 33983

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	MANAGER LOUIS D PUARIEA	26373 Madagascar rd. Punta Gorda, FL 33983		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MANAGER SHARON PUARIEA	26373 Madagascar Rd. Punta Gorda, FL 33983		<input type="checkbox"/>	<input checked="" 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:

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

Date

Daytime Phone #

[Handwritten Signature] LOUIS D PUARIEA 4/2/2001 934-936-2200

CR2E083 (11/00)