

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M56683

1. Entity Name

DERMOGENE CORP.

Principal Place of Business

4401 PONCE DE LEON BLVD
CORAL GABLES FL 33146

Mailing Address

4401 PONCE DE LEON BLVD
CORAL GABLES FL 33146-1830

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0423262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TERPENING, ROBERT J
4401 PONCE DE LEON BLVD
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

JAVIER DALMAU

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

4401 PONCE DE LEON BLVD

City

CORAL GABLES

FL

Zip Code

33146

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

JAVIER DALMAU - V

4-18-00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete

NAME DALMAU, AURORA
STREET ADDRESS 4401 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL

TITLE VT ☐ Delete

NAME DALMAU, JORGE ALBERTO
STREET ADDRESS 4401 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL

TITLE PDC ☐ Delete

NAME DALMAU, JORGE
STREET ADDRESS 4401 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL

TITLE VS ☐ Delete

NAME TERPENING, ROBERT J
STREET ADDRESS 4401 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

TITLE V ☐ Delete

NAME DALMAU, JAVIER
STREET ADDRESS 4401 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME LAURA DALMAU
STREET ADDRESS 4401 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

13. 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 or supplemental report is true 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 receiver or trustee empowered 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 1/0/00