

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004987

1. Entity Name

DERMATOLOGY INITIATIVES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90051 031 ****61.25

Principal Place of Business

Mailing Address

1111 PARK CENTRE BLVD
STE 240
MIAMI FL 33169
US

P O BOX 69-4730
MIAMI FL 33269-1730
US

2. Principal Place of Business

3. Mailing Address

1111 PARK CENTRE BLVD
Suite, Apt. #, etc.
360

1111 PARK CENTRE BLVD
Suite, Apt. #, etc.
360

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33169

Country

Zip
33169

Country

4. FEI Number

65-0446564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, JEFFREY L
54 NE FOURTH AVENUE
DELRAY BEACH FL 33483

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BERMAN, BRIAN	
STREET ADDRESS	1111 PARK CENTRE BLVD, STE 240	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	RABINOVITZ, HAROLD	
STREET ADDRESS	1111 PARK CENTRE BLVD, STE 240	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	NESTOR, MARK	
STREET ADDRESS	1111 PARK CENTRE BLVD, STE 240	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAGENER, DAVID	
STREET ADDRESS	1111 PARK CENTRE BLVD, STE 240	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/2000

305 623 5595

CR2E037 (9/99)