

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 09, 2001 8:00 am
Secretary of State

04-30-2001 90100 001 ***150.00

DOCUMENT # P00000006650

1. Entity Name
NATURAL SKIN AND BODY CARE, INC.

Principal Place of Business Mailing Address
401 MIRACLE MILE SUITE #200 CORAL GABLES FL 33134 **401 MIRACLE MILE SUITE #200 CORAL GABLES FL 33134**

2. Principal Place of Business Suite, Apt. #, etc.
 City & State Zip Country

3. Mailing Address Suite, Apt. #, etc.
 City & State Zip Country

4. FFI Number **65-1048914** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required ☒

6. Name and Address of Current Registered Agent
MURCIANO, KAREN L
401 MIRACLE MILE SUITE #200 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name **KAREN L. MARTIN**
 Street Address (P.O. Box Number is Not Acceptable) **401 Miracle Mile**
 Suite # **200**
 City **Coral Gables** FL Zip Code **33134**

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]* DATE **July 26, 2001**

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURCIANO, ISAAC 401 MIRACLE MILE SUITE #200 CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURCIANO, ISAAC 401 Miracle Mile Suite # 200 Coral Gables, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, MARTA 401 MIRACLE MILE SUITE #200 CORAL GABLES FL 33134 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELICIA A MURCIANO 401 Miracle Mile Suite # 200 Coral Gables, FL 33134 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MURCIANO, KAREN L 401 MIRACLE MILE SUITE #200 CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Karen L Martin 401 Miracle Mile Suite # 200 Coral Gables, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: *[Signature]* **7/24/2001**