

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**  
 05-20-2002 90366 033 \*\*\*150.00

0542754 SP

**DOCUMENT # P00000006650**

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

Principal Place of Business	Mailing Address
<b>401 MIRACLE MILE</b>	<b>401 MIRACLE MILE</b>
<b>SUITE #200</b>	<b>SUITE #200</b>
<b>CORAL GABLES FL 33134</b>	<b>CORAL GABLES FL 33134</b>

**RECEIVED**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
<b>65-1048914</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MARTIN, KAREN**  
**401 MIRACLE MILE**  
**SUITE #200**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MURCIANO, ISAAC</b> <b>401 MIRACLE MILE SUITE #200</b> <b>CORAL GABLES FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>MARTIN, KAREN L</b> <b>401 MIRACLE MILE SUITE #200</b> <b>CORAL GABLES FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MURCIANO, FELICIA A</b> <b>401 MIRACLE MILE STE 200</b> <b>MIAMI FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **04/26/2002 305-4470239**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ **DATE** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CR2E034 (9/01)