CR2E034 (5/01)

FILED 2001 UNIFORM BUSINESS REPORT (UBR) Sep 14, 2001 8:00 am Secretary of State DOCUMENT # P00000015179 1 Entily Name 09-14-2001 90013 015 ***150.00 AESTMETICS PLUS. INC. Principal Place of Business Mailing Address 7590 SW 127TH DRIVE 7590 SW 127TH DRIVE MIAMI FL 33183 MIAMI FL 33183 2. Principal Place of Business 3. Mailing Address AVE *2330* Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 650999942 Not Applicable Ζip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MACEDQ, CARLOS Street Address (P.O. Box Number is Not Acceptable) 9745 MILLER DRIVE Zip Code 3183 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change Addition **PSD** TITLE ☐ Delete TITLE NAME DIAZ. ANGEL R NAME 7590 SW 127TH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33183** TITLE **OTV** Delete TITLE ☐ Change ☐ Addition NAME DIAZ, GLADYS P NAME STREET ADDRESS STREET ADDRESS 7590 SW 127TH DRIVE CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33183** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SUMATURE AND TYPED OF BRANTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

9/11/01 305-26/060

☐ Change

☐ Addition

Attachment A0085866 #P00000015179

September 11, 2001

Department of State
Division Of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document # P00000015179

Dear Sir or Madam:

Per your instructions, enclosed please find a Uniform Business Report for the above referenced corporation. As we informed you, we never received the 2001 Uniform Business Report from you. Perhaps it is because you had the incorrect address, or the documents were lost in the mail.

In any event, and per your instructions, enclosed is a check in the amount of \$150, payable to the Department of State for the 2001 fees. Please process the enclosed Uniform Business Report for our corporation. As you can understand, this is a very important matter to us. Thank you for your assistance.

Sincerely,

Gladys P. Diaz, President

Aesthetics Plus, Inc.

: enclosure