

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90010 016 ***150.00

0138645

DOCUMENT # P00000016910

1. Entity Name

FLORIDA CENTER FOR MICRODERMABRASION, INC.

Principal Place of Business

6574 NORTH STATE ROAD 7
 SUITE 185
 COCONUT CREEK FL 33073

Mailing Address

6574 NORTH STATE ROAD 7
 SUITE 185
 COCONUT CREEK FL 33073

2. Principal Place of Business

209 S.E. 1st Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

Country

33432

U.S.A.

Zip

Country

4. FEI Number

65-1004408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Richard B. Culoso

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

6574 N. ST. Rd 7 #185

City

Coconut Creek

FL

Zip Code

33073

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

Richard B. Culoso, Pres.

3/29/01

Signature, typed or printed name of registered agent and title if applicable

(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.
 (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

TITLE PSD
 NAME CULOSO, RICHARD B
 STREET ADDRESS 6574 NORTH STATE ROAD 7
 CITY-ST-ZIP COCONUT CREEK FL 33073 ☐ Delete

TITLE VTD
 NAME CULOSO, DEBRA T
 STREET ADDRESS 6574 NORTH STATE ROAD 7
 CITY-ST-ZIP COCONUT CREEK FL 33073 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Richard B. Culoso

3/29/01

Date

(954) 290-2405

Daytime Phone #

CR2E034 (10/00)