

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000032448

FILED
Apr 22, 2002 8:00 AM
Secretary of State

Entity Name: SHORES REJUVENATING SKIN CARE INC.

Current Principal Place of Business:

9600 N.E. 2ND AVENUE
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

9600 N.E. 2ND AVENUE
MIAMI, FL 33138

New Mailing Address:

FEI Number: 65-0995234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIMENEZ, FRANCESCA M
555 N.W. 132ND STREET
N. MIAMI, FL 33168 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JIMENEZ, FRANCESCA M
Address: 555 N.W. 132ND STREET
City-St-Zip: N. MIAMI, FL 33168

Title: TSC () Delete
Name: JIMENEZ, LIZA
Address: 555 N W 132ND ST
City-St-Zip: NORTH MIAMI, FL 33168

Title: O () Delete
Name: JIMENEZ, ARMANDO
Address: 555 N W 132ND ST
City-St-Zip: NORTH MIAMI, FL 33168

Title: O () Delete
Name: JIMENEZ, VANESSA
Address: 555 N W 132ND ST
City-St-Zip: NORTH MIAMI, FL 33168

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: RIVA, DIGNA
Address: 415 NE 127TH STREET
City-St-Zip: MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCESCA M. JIMENEZ

DP

04/22/2002

Electronic Signature of Signing Officer or Director

Date