2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000 56748-

Principal Place of Business

SIGNATURE:

MIAMI BEACH LUXURY BEALTY, INC.

Mailing Address

SIGNATURE AND TYPED OR PRINTENAME OF SIGNING OFFICER OR DIRECTOR

C0058816 2. Principal Place of Business 3. Mailing Address C/O MILTON KAME CONCUINSE BAIJMAN Suite, Apt. #, etc. rite, Apt. #, etc. DO NOT WRITE IN THIS SPACE P.O. BOX 402188 <u>SU176</u> 4. FEI Numbe Applied For BEACH FL. アルトペル Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П U.S. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPEZ - AGUIAR, HOMET A. ES Q S. W. Street Address (P.O. Box Number is Not Acceptable) 72 STAGET SUITE 111 MIAMI FL. 33173 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D/1/S TITLE ☐ Delete TITLE Addition MILTON RAIJMAN NAME NAME IIII KAME CONCOUNSE #509 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BAT HALBOR FL. 33154 ☐ Delete TITLE ☐ Change ☐ Addition トルファイト NAME IIII KAME CONCOUNSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BAY HARBOR FC. CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

May 03, 2001 8:00 am Secretary of State

05-03-2001 90989 034 ***150.00

13. I hereby certify that the information supplied with this filling 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. 305-868-8*7*84