

# 2001 UNIFORM BUSINESS REPORT (UBR)

3

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90419 044 \*\*\*150.00

**DOCUMENT # P00000062804**

1. Entity Name

**HEALTH & BEAUTY DIAGNOSTICS, INC.**

Principal Place of Business

1515 UNIVERSITY DRIVE  
#222  
CORAL SPRINGS FL 33071

Mailing Address

1515 UNIVERSITY DRIVE  
#222  
CORAL SPRINGS FL 33071

2. Principal Place of Business

16800 NW 2nd AVE # 107

Suite, Apt. #, etc.

# 107

3. Mailing Address

Suite, Apt. #, etc.

City & State

North Miami Bch

City & State

Zip

33169

Country

USA

Country

4. FEI Number

65-1620003

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LIPSON, SAUL B  
1515 UNIVERSITY DRIVE  
#222  
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reappointing)

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          | D                             | <input type="checkbox"/> Delete |
| NAME           | WILLIAMS, MARIE               |                                 |
| STREET ADDRESS | 16800 NW 2ND AVENUE SUITE 107 |                                 |
| CITY-ST-ZIP    | NORTH MIAMI BEACH FL 33169    |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | Vice President             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Piotr Borkowski            |  |
| STREET ADDRESS | 16800 NW 2nd AVE Suite 107 |  |
| CITY-ST-ZIP    | North Miami Bch, FL 33169  |  |
| TITLE          | Sec/Treasurer              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JEAN E HOLEWINSKI          |  |
| STREET ADDRESS | 16800 NW 2nd AVE Suite 107 |  |
| CITY-ST-ZIP    | North Miami, Fla. 33169    |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

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:

*Marie L. Williams* Marie L. Williams

Date

1/29/01 305 690-9525

Daytime Phone #

CR2034 (10/00)