

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90049 002 ***150.00

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DOCUMENT # P01000006440

1. Entity Name
SKIN SOLUTIONS, INC.



Principal Place of Business
1948 EAST SUNRISE BLVD. #8
FORT LAUDERDALE FL 33304
US

Mailing Address
2900 SW 22ND CIRCLE, #22A1
DELRAY BEACH FL 33445



2. Principal Place of Business
1881 NE 26th Street

3. Mailing Address

Suite, Apt. #, etc.
30

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State

4. FEI Number **65-1068982**

Applied For
Not Applicable

Zip
33305

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSTA, FRANCENE M
2900 SW 22ND CIRCLE, #22A1
DELRAY BEACH FL 33445

Name
Cluster, Francene M.

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

2900 SW 22 Circle 22A1

City **Delray Beach**

FL

Zip Code **33445**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Francene Cluster*

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

(NOTE: Registered Agent signature required when reinstating)

4/15/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **COSTA, FRANCENE M**
STREET ADDRESS **2900 SW 22ND CIRCLE, #22A1**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☒ Change ☐ Addition
NAME **Cluster, Francene M.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Francene Cluster*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

Daytime Phone #

CR2E034 (10/02)