

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90059 049 ***158.75

DOCUMENT # P01000024966

1. Entity Name
INTERNATIONAL BEAUTY AND HEALTH CENTER INC.



Principal Place of Business
3501 SW 107 AVE.
MIAMI FL 33165

Mailing Address
3501 SW 107 AVE.
MIAMI FL 33165

2. Principal Place of Business

3. Mailing Address

7216 SW 8st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33144

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, NELSON I
3501 SW 107 AVE.
MIAMI FL 33165

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

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
LA ROSA, DAISY E
3501 SW 107 AVE.
MIAMI FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7216 SW 8st #5
Miami FL 33144

TITLE
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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/03 **786 5122108**
Date Daytime Phone #

CR2E034 (10/02)