2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000029925

1. Entity Name

HYDRA SKINCARE STUDIO, INC.

Principal Place of Business	Mailing Address
5050 BISCAYNE BLVD. MIAMI FL 33137	5050 BISCAYNE BLVD. MIAMI FL 33137

B0093915

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip / Country	Zip / Country	**4.** FEI Number 65- 1085078 — Applied For / Not Applicable
		5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DRIVE
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name Debra Freire

Street Address (P.O. Box Number is Not Acceptable) 5050 Biscayne Blvd, #105

City Miami FL Zip Code 33137

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 _Debra Freire_ DATE 2/2/02

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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	P	☐ Delete
NAME	FREIRE, DEBRA	
STREET ADDRESS	5050 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33137	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

(additional blank officer/director rows with Delete and Change/Addition checkboxes)

CR2E034 (9/01)

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: _Debra Freire_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/2/02 Date 305 751 2381 Daytime Phone #