

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90103 021 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000040960

1. Entity Name

Bellagio Skin Care & Spa, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3637 Royal Palm Ave.
Suite, Apt. #, etc.

3. Mailing Address

3637 Royal Palm Ave.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coconut Grove, FL

City & State

Coconut Grove, FL

4. FEI Number

65-1150064

Applied For

Not Applicable

Zip

33133

Country

U.S.

Zip

33133

Country

U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Nina F. Mendieta

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

3637 Royal Palm Ave.

City

Coconut Grove

FL

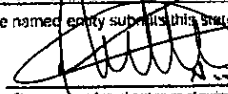
Zip Code

33133

DO NOT WRITE IN THIS SPACE

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

 Nina F. Mendieta

4/29/02
DATE

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

(NOTE: Registered Agent signature required when taking action)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

Regular fee payable to Secretary of State is \$150.00. Additional UBR fee is \$61.25. Make check payable to Department of State.

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

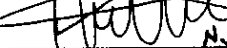
11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
Pres, Treas, Secretary	Nina F. Mendieta	3637 Royal Palm Ave.	Coconut Grove, FL 33133
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, which is otherwise empowered.

SIGNATURE:

 Nina F. Mendieta

4/29/02
DATE

(305) 858-6555
Office Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)