

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*  
Zip  
*33133*  
Country  
*U.S.*

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*Coconut Grove, FL*  
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*33133*  
Country  
*U.S.*

4. FEI Number  
*65-1150064*  
Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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*

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* DATE *4/29/02*  
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 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	<i>Pres, Treas, Secretary Nina F. Mendieta 3637 Royal Palm Ave. Coconut Grove, FL 33133</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/01)

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* DATE *4/29/02* (305) 858-6555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR