

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 NOV -6 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000064739

1. Entity Name

Cosmetic Vein Center of So. Florida, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9090 SW 87 CT.

3. Mailing Address

9090 SW 87 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number

n/a

☒ Applied For
☐ Not Applicable

Zip

33176

Country

USA

Zip

33176

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSE I. ALMEIDA

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

9090 SW 87 CT.

City

MIAMI

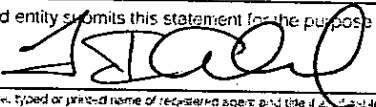
FL

Zip Code

33176

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


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

(NOTE: Registered Agent Signature required when resigning)

6-5-02

DATE

9. This corporation is eligible to satisfy its Intangible

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

☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR 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	PRESIDENT ALMEIDA, JOSE I. 9090 SW 87 CT MIAMI, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with or without power of attorney.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-02

DATE

305-439-8115

Telephone Number

COSMETIC VEIN CENTER OF SOUTH FLORIDA *PPG 202*

T: (305) 596-9866

F: (305) 596-4661

November 4, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: Doc # P01000064739
Corp. Reinstatement

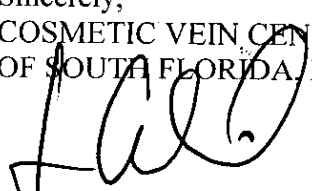
To Whom It May Concern:

The following is to advise you that Cosmetic Vein Center of South Florida, Inc., document number shown above filed their Uniform Business Report (UBR) on April 26, 2002, and our payment check number 1089 cleared our bank on May 22, 2002. We received a letter from your office requesting additional information on the officers, we corrected the items in question and re-sent the form back to your office on June 7, 2002.

Now, after all these months we receive an application for reinstatement, we called your office and they advised us that a letter was sent to us June 18, 2002 requesting additional information on the officer, please be advised that we never received that letter. We are enclosing a corrected copy of the UBR report, and we request that our company be reinstated and the additional fees waived.

Please contact Vicky Regueiro at 305-279-7275 extension 273 if you need any additional information. Thank you, I remain.

Sincerely,
COSMETIC VEIN CENTER
OF SOUTH FLORIDA, INC.


Jose I. Almeida
President