² 2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 06, 2002 8:00 am Secretary of State

08-06-2002 90278 044 ***150.00

DOCUMENT # P01000074813

1. Entity Name

	Las Vegas, Aesth						
	of Business prest Hill Blvd. # n Beach, FL 33413	Mailing Address 179 6742 Fo W. Palm					
		-					
4902 Sw	ace of Business 1—72—Avenue -	3. Mailing Address 4902 SW -7-2 Avenue					
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
Micity & State	FL	City & State Miami, FL			4. FEI Number	N	oplied For ot Applicable
3 ⁷ 3155	USA' 33155 US		Country USA		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current F	Registered Agent		lomo -	7. Name and Address of New	Registered Agent	
Patricia Ocampo				John J. Bermudez			
6742 F	orest Hill Blvd.	# 179 Street Addres 4902 S		treet Address 4902 St	(P.O. Box Number is Not Acceptable) W 72 Avenue		
W. Palm Beach, FL 33413							
				City Miami FL 33165			
8. The above	named entity submits this statement for	the purpose of changing its re	gistered o	office or registe	ered agent, or both, in the State of I	Florida.	
CIONATI IOE	LALM	\				07220	_
SIGNATURE _	Signature, typed or printed name or registered agent a	nd title if applicable. (NOTE: F	legistered Ag	ent signature requir	ed when reinstating)	DATE	
9. This corpor Tax filing re (See criteri	ration is eligible to satisfy its Intangible equirement and elects to do so.	JAUE NOW U Arter May J. 2002 Make Checky: ayable	Feewil	Messanio	Trust Fund Contribut	S. See E. De	d to Fees
11.); OFFICERS AND L	DIRECTORS	12.		ADDITIONS/CHANGES TO OF		
TITLE	,D	💢 Delete	TITLE	Pre	esident	☐ Change	Addition
NAME	Patricia Ocampo		NAME Street a	nnress i	hn J. Bermudez		
STREET ADDRESS CITY+ST-ZIP	,6742 Forest Hill		CITY-ST-	_{.ZIP} 490	02 SW 72 Avenue		
TITLE	W. Palm Beach, F	L 33413 □ Delete	TITLE	- Mia	ami, FL 33155 -	☐ Change	Addition
NAME I			NAME				1
STREET ADDRESS	•		STREET A				j
CITY-ST-ZIP	·		CITY-ST-	ZIP		Change	Addition
TITLE		☐ Delete	TITLE NAME	11			
NAME STREET ADDRESS			STREET A	DORESS			
CITY-ST-ZIP			CITY-ST-	ZIP	·		
TITLE		☐ Delete	TITLE			☐ Change	Addition
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TITLE NAME		☐ Delete	NAME				
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NAME			NAME STREET A	IDDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-			•	
OLLI-OL-TH	l <u></u>		.W			16 11	information

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 affactment with an address, with a other like empowered.

SIGNATURE:

ICNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AHachment

#P0/00074813 123406

July 22, 2002

Uniform Business Report Filings Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Re:

2002 Uniform Business Report Filing re

Corporation: Las Vegas, Aesthetic Center, Inc.

Document #: P01000074813

Dear Sir or Madam:

Enclosed please find a check in the amount of \$150.00 for 2002 Uniform Business Report.

The filing fee is in the amount of \$150.00, as our office did not receive notice of filing requirements prior to the May 1, 2002 deadline. After speaking with an officer in your division, we were instructed to have the corporation pay the \$150.00 filing fee and request that the late fee be waived for failure to receive notice. Our corporation is making such a request at this time. This is the first and only time this request is being made.

Please contact us if there are any problems, or if anything else is required of us. Thank you in advance for your cooperation.

Sincerely,

Patricia Ocampo

Officer