

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90087 005 ***550.00

DOCUMENT # P01000086413

1. Entity Name
BEACHES SKIN & VEIN CENTER, PA

Principal Place of Business

12077 CLASSIC DR
 CORAL SPRINGS FL 33071

Mailing Address

12077 CLASSIC DR
 CORAL SPRINGS FL 33071

2. Principal Place of Business

2147 US Hwy 1
 Suite, Apt. #, etc.

3. Mailing Address

2147 US Hwy 1
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Jupiter FL

Zip Country
 33477 U.S.

City & State
 Jupiter FL

Zip Country
 33477 U.S.

4. FEI Number
 59-3735480

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RESTREPO, JAIME
 5423 NW 55TH TERR
 COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name: Stacey Sandler
 Street Address (P.O. Box Number is Not Acceptable):
 12077 Classic Drive
 City: Coral Springs FL Zip Code: 33071

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Stacey Sandler Stacey Sandler 9-9-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	SANDLER, BRIAN	
STREET ADDRESS	12077 CLASSIC DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Brian Sandler, MD 9-9-02 (561) 748-0560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)