

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

0407408 AV

02-03-2003 90086 028 \*\*\*150.00

**DOCUMENT #** P01000097438

1. Entity Name  
**JORCO BEAUTY AND RX, INC.**



Principal Place of Business  
**4600 N OCEAN BL STE 201  
BOYNTON BEACH FL 33435**

Mailing Address  
**4600 N OCEAN BL STE 201  
BOYNTON BEACH FL 33435**



2. Principal Place of Business  
**6601 LYONS ROAD**

3. Mailing Address  
Suite, Apt. #, etc.  
**6601 SUITE A-1**

City & State  
**COCONUT CREEK FL**

City & State  
City & State

Zip  
**33073**

Country  
**USA**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LAVERY, MICHAEL J**  
**4600 N OCEAN BL STE 201**  
**BOYNTON BEACH FL 33435**

4. FEI Number **APPLIED FOR**  
**03-48104**

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MELTZER, STEVEN</b> <b>4600 N OCEAN BL STE 201</b> <b>BOYNTON BEACH FL 33435</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MELTZER STEVEN</b> <b>6601 LYONS ROAD SUITE A-1</b> <b>COCONUT CREEK, FL 33073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED **1/21/03 954-698-0100 39**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)