

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90161 023 ***150.00

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DOCUMENT # P02000011794

1. Entity Name
DERMALIFE AESTHETICS CENTER, INC.

(Handwritten signature)



Principal Place of Business
**1140 WEST 50TH STREET SUITE 402
HIALEAH FL 33012**

Mailing Address
**1140 WEST 50TH STREET SUITE 402
HIALEAH FL 33012**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0611741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JARAMILLO, GLADYS

1140 WEST 50TH STREET SUITE 402

HIALEAH FL 33012

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
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
JARAMILLO, GLADYS
1140 WEST 50TH STREET SUITE 402
HIALEAH FL 33012

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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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:

(Handwritten signature: Gladys Jaramillo)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/08/03

Date

(305) 819-7712

Daytime Phone #

CR2E034 (4/03)

Attachment

80148524

September 11, 2003

Secretary of State
Division of Corporations
Tallahassee, FL

Ref: Dermalife Aesthetics Center, Inc.
Doc. No. P02000011794

Dear Sir/Madam:

Please, find enclosed my 2003 Uniform Business Report with my check in the amount of \$150.00. I hereby request an abatement of all penalties. I just received the enclosed form. I never received any forms to be submitted earlier. This is my first year doing business and I am not too familiar with your regulations. I look forward to file on time next year.

Should you need any additional information, do not hesitate to contact me.

Respectfully yours,

Glady's Jaramillo

Day time phone # : (305) 819 7712.