## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P02000015032 **DOCUMENT#**

FILED
Mar 03, 2003 8:00 am
Secretary of State

DERM HOLDINGS, INC.						03-03-2003 90844 027 ***150.00					
16870 NE 19	nce of Business DTH AVE WI BEACH FL 33162	16870	Mailing Address 16870 NE 19TH AVE NORTH MIAMI BEACH FL 33162				C ADDRAGA DA DANA MANA BANA BANA BANA				
Principal Place of Business     3. Mailing Address						$\dashv$					
Suite, Apt	t. #, etc.	Suit	Suite, Apt. #, etc.			-	☐ CHECK HERE IF MAKING CHANGES				
City & Sta	ate	City	City & State			4. FEI Number		Applied For Not Applicable			
Zip Country		Zip	Zip C		Country		Certificate of Status Desired		.75 Add	ditional	
	6. Name and Address of Curre	nt Registere	ed Agent	<u> </u>		7. N	lame and Address of New Regis				
MEDINO	ANOTHER IN	<del>-</del> :			Name -	_	, , , , , , , , , , , , , , , , , , ,				
	MICHAEL H ANGE DRIVE				Street Address	s (P.O. Bo	ox Number is Not Acceptable)				
DAVIE FL							*******	<del></del>	_	<del></del>	
DAVIL I L					,						
					City			FL Zip Code			
	Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0		licable. (NOT	E: Registered	d Agent signature requir	red when rei	9. Election Campaign Financ		\$5.0	<b>0</b> May Be	
Make Check	k Payable to Florida Department	of State					Trust Fund Contribution.			l to Fees	
10.	OFFICERS AND DIRECTORS 11					ADI	DITIONS/CHANGES TO OFFICER	RS AND DIF	RECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS SEBER, JOSEPH 16870 NE 19TH AVE NORTH MIAMI BEACH FL 3316	32	☐ Delete		- 1				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			1		79.1		Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l				Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		<b>I</b>				Change	Addition	
TITLE NAME			☐ Delete	TITLE					Change	☐ Addition	

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:



Daytime Phone #