

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

DOCUMENT # **P02000032754**

1. Entity Name  
**BLEMAQUIT SKIN CARE, INC.**



Principal Place of Business  
7041 NW 40 CT  
COAL SPRINGS FL 33065

Mailing Address  
PO BOX 8696  
CORAL SPRINGS FL 33075

2. Principal Place of Business  
**7041 NW 40th Ct.**

3. Mailing Address  
**PO box 8696**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Coral Springs, FL**

City & State  
**Coral Springs, FL**

Zip  
**33065**

Zip  
**33075**

Country  
**USA**

Country  
**USA**

6. Name and Address of Current Registered Agent

**COHN, ALAN B  
2021 TYLER ST  
HOLLYWOOD FL 33020**

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 \$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 PENICK, BRIAN 7041 NW 40 CT CORAL SPRINGS FL 33065</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/26/03*

*954-325-5711*

Daytime Phone #

0203123  
AV

**FILED  
Apr 09, 2003 8:00 am  
Secretary of State**

04-09-2003 90136 022 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

CF2E034 (10/02)