

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90283 029 \*\*\*158.75

**DOCUMENT # P02000080763**

1. Entity Name  
**DERMATONUS, INC.**



Principal Place of Business  
**11134 S.W. 155 TERR.  
MIAMI FL 33157**

Mailing Address  
**11134 S.W. 155 TERR.  
MIAMI FL 33157**



2. Principal Place of Business  
**9655 S. Dixie Hwy  
Suite, Apt. #, etc.  
Suite # 114**

3. Mailing Address  
**9655 S. Dixie Hwy  
Suite, Apt. #, etc.  
Suite # 114**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33156**

Country  
**U.S.A.**

Zip  
**33156**

Country  
**U.S.A.**

4. FEI Number  
**55-0789339**

Applied For  
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**LAW FIRM OF MANFRED ROSENOW, P.A.  
601 SW 57TH AVE., STE. D  
MIAMI FL 33144**

## 7. Name and Address of New Registered Agent

Name **Jorge Perez**  
Street Address (P.O. Box Number is Not Acceptable)  
**11134 S.W. 155 Terrace**  
City **Miami, FL** Zip Code **33157**

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 *Jorge Perez* **President-Director**

DATE **01/11/03**

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<br><b>PD</b>                            | <input type="checkbox"/> Delete |
| NAME<br><b>PEREZ, JORGE</b>                   |                                 |
| STREET ADDRESS<br><b>11134 S.W. 155 TERR.</b> |                                 |
| CITY-ST-ZIP<br><b>MIAMI FL 33157</b>          |                                 |
| TITLE<br><b>VD</b>                            | <input type="checkbox"/> Delete |
| NAME<br><b>ERAZO, PATRICIA</b>                |                                 |
| STREET ADDRESS<br><b>11134 S.W. 155 TERR.</b> |                                 |
| CITY-ST-ZIP<br><b>MIAMI FL 33157</b>          |                                 |
| TITLE<br><b>VD</b>                            | <input type="checkbox"/> Delete |
| NAME<br><b>PEREZ, ISABEL</b>                  |                                 |
| STREET ADDRESS<br><b>11134 S.W. 155 TERR.</b> |                                 |
| CITY-ST-ZIP<br><b>MIAMI FL 33157</b>          |                                 |
| TITLE<br><b>TD</b>                            | <input type="checkbox"/> Delete |
| NAME<br><b>ERAZO, ROCIO</b>                   |                                 |
| STREET ADDRESS<br><b>11134 S.W. 155 TERR.</b> |                                 |
| CITY-ST-ZIP<br><b>MIAMI FL 33157</b>          |                                 |
| TITLE                                         | <input type="checkbox"/> Delete |
| NAME                                          |                                 |
| STREET ADDRESS                                |                                 |
| CITY-ST-ZIP                                   |                                 |
| TITLE                                         | <input type="checkbox"/> Delete |
| NAME                                          |                                 |
| STREET ADDRESS                                |                                 |
| CITY-ST-ZIP                                   |                                 |

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

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:** *Jorge Perez* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/03

Date

(305) 665-0997

Daytime Phone #

CR2E034 (10/02)