

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000002121

1. Entity Name
SKIN NATURELLE INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90028 037 ***150.00

Principal Place of Business

11440 OKEECHOBEE BLVD.
SUITE 212
ROYAL PALM BEACH FL 33411

Mailing Address

11440 OKEECHOBEE BLVD.
SUITE 212
ROYAL PALM BEACH FL 33411-7665

2. Principal Place of Business

300 Royal Commerce Rd
Suite, Apt. #, etc. D-2

City & State
Royal Palm Beach, Fla

Zip Country
33411 US

3. Mailing Address

300 Royal Commerce Rd
Suite, Apt. #, etc. D-2

City & State
Royal Palm Beach, Fla

Zip Country
33411 U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0366978

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

NOTO, DANA
11819 TANGERINE BLVD.
WEST PALM BEACH FL 33412

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **NOTO, DANA**
STREET ADDRESS **11819 TANGERINE BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)