

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90040 001 *****8.75
05-07-2002 90040 002 ***150.00

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

DOCUMENT # **P93000030850**

1. Entity Name

COSMEDICAL TECHNOLOGIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4700 SW 51ST ST

3. Mailing Address

4700 SW 51ST ST

Suite, Apt. #, etc.

#212

Suite, Apt. #, etc.

#212

City & State

DAVIE FL

City & State

DAVIE, FL

Zip

33314

Country

USA

Zip

33314

Country

USA

4. FEI Number

650405940

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LORETTA CIRALDO, M.D.

Street Address (P.O. Box Number is Not Acceptable)

4700 SW 51ST ST, Suite 212

City

DAVIE

FL

Zip Code

33314

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
LORETTA CIRALDO, M.D.
4700 SW 51ST ST, Suite 212
DAVIE, FL 33314**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
ROBERT J. CIRALDO, M.D.
4700 SW 51ST ST, Suite #212
DAVIE, FL 33314**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. CIRALDO, M.D. 4/23/02 9587
587
8989