P95000070310

ZENITH GOLDLINE DERMATOLOGICALS, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91152 043 ***150.00

Principal Place of Business	Mailing Address
4400 Biscayne Boulevard Miami, FL 33137 Attn: Carole I. Amster	4400 Biscayne Boulevard Miami, FL 33137 Attn: Carole I. Amster

C0059357

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0490546 — 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
Gillespie, Carol J. 4400 Biscayne Boulevard Miami, FL 33137	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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SEE ATTACHED LIST ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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

SIGNATURE: Marianne Nation Marianne Hurd Nation 3/30/01 305-575-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment Doc # P93000070310

C005935 7

2001 UNIFORM BUSINESS REPORT
ZENITH GOLDLINE DERMATOLOGICALS, INC.
Question 11

D/P
Henein, Rafick G.
4400 Biscayne Boulevard, Miami, FL 33137

D/VP
Beier, Thomas E.
4400 Biscayne Boulevard, Miami, FL 33137

VP-Finance
Siegel, Jordan
4400 Biscayne Boulevard, Miami, FL 33137

T
Uppaluri, Rao
4400 Biscayne Boulevard, Miami, FL 33137

D/S
Gillespie, Carol J.
4400 Biscayne Boulevard, Miami, FL 33137

AS
Nation, Marianne Hurd
4400 Biscayne Boulevard, Miami, FL 33137