2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 08, 2000 8:00 am Secretary of State DOCUMENT # 9940000/0133 ELITE ACADEMY OF SKIN + NAILS, INC. 06-08-2000 90432 004 ***150.00 Mailing Address Principal Place of Business 1569 MAIN STREET 1569 MAIN STREET DINEDIN, FL 34698 DUNEDIN, PL34698 DOTODODI 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-323238 I Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONAghAN Judiano V. Street Address (P.O. Box Number is Not Acceptable) 1961 TRENT ET CLEHAWATER, FL 33763 City Zip Code eptity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named DATE (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOWILL FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Addition □ Delete TITLE Change TITLE MONAGHAN, JUDIANN VI NAME 1961 Thent CT STREET ADDRESS STREET ADDRESS CLEARUSTER, FL 33763 CITY-ST-ZIP CITY-ST-ZIP MONAGHAW, ROBERT ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME 1961 TRENT CT STREET ADDRESS STREET ADDRESS CLEARUMER, FC. 33763 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE ATZEN, CATHERINE 22525 DAK FLATRA NAME STREET ADDRESS STREET ADDRESS LOS GATOS, CA. 95033 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 a partitachment with an address, with all other like empowered. MONAGHAN, PRES. X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR