

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000080960**

1. Entity Name  
CUTIS SILHOUETTS COSMETIC SURGERY & SKIN CARE, CORP.

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

05-03-2001 90949 042 \*\*\*150.00

Principal Place of Business Mailing Address

400 ARTHUR GODFREY ROAD, SUITE #512  
MIAMI BEACH, FLORIDA, 33140

**C0058585**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3400 CORAL WAY  
Suite, Apt. #, etc.  
600

City & State

City & State  
MIAMI, FLA.,

4. FEI Number

65-0535570

Applied For

Not Applicable

Zip

Country

Zip

Country

33145-3053

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALLEJO, OLGA C  
250 - 174th ST., APT. 203  
SUNNY ISLES BEACH, FLA., 33160-3346

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE PD ☐ Delete  
NAME SOMERS, PETER C.  
STREET ADDRESS 400 ARTHUR GODFREY ROAD, SUITE #512  
CITY-ST-ZIP MIAMI, FLA., 33140

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

TITLE VSTD ☐ Delete  
NAME VALLEJO, OLGA C  
STREET ADDRESS 250 - 174th ST., APT. 203  
CITY-ST-ZIP SUNNY ISLES BEACH, FLA. 33160-3346

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Olga Vallejo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

305-5380280  
3-27-01 305-937-7419

CR2E083 (11/00)