2000 UNIFORM BUSINESS REPORT (UBR)							
DOCUMENT # P9500005199 1. Entity Name DAHLIA SKIN CARE, INC.					FILED Feb 19, 2000 8:00 am		
DANLIA SKIN CARE, INC.					Secretary of		
Principal Place of Business	Mailing Address			ᅴ	02-19-2000 90028 03	38 ***150.00	
16244 SO. MILITARY TRAIL 5000 ALENCIA CT			-				
220		DELRAY BEACH FL 33484-6666					
DELRAY BEACH FL 33484 US					(1882) MAN (1884 MAN) Affili Calif Adiil Palif Adiil Adiil	(BIB) 6)101 (1016 18118 1811 1881	
Principal Place of Business 3. Mailing Address				\dashv			
- 'Suite-Apt-#-etc.	Suite Apt # ota	- Suite, Apt. #, etc					
- Suite, Apt. #, etc.	- Joule, Apr. #, etc. 2				DO NOT WRITE IN THIS	JOFACE	
City & State	City & State	City & State		4. F	FEI Number 65-0564600	Applied For Not Applicable	
Zip Country	Zip	Country		5. (Certificate of Status Desired	\$8.75 Additional	
6. Name and Address of Currer	nt Registered Agent	<u> </u>			Name and Address of New Registered	Fee Required Agent	
or realise and realised of our regions of the second of th			Name				
ZEITLIN, DALIA 5000 ALENCIA CT		-	Street Address (P.O. Box Number is Not Acceptable)				
DELRAY BEACH FL 33484		·			,		
		}	City	<u>. </u>	FI	Zip Code	
9. The above around eating a bruits this statement for the surround of shooting its collector			d office or regist	tored an		<u>- </u>	
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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
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Tax filing requirement and elects to do so After MAY 1, 2000 F		00 Fee w	vill be \$550.00		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
(See criteria on back) Make Check Payabl 11. OFFICERS AND DIRECTORS		le to Dep	partment of S		DITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11	
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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: SPANGE SUPPLIED							
SIGNATURE. SIGNATURE AND TYPED O	R PRINTED NAME OF SIGNING OFFICER	OR DIRECTO	DR		Date	Daytime Phone #	