

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90118 046 ***150.00

DOCUMENT # P95000024595

1. Entity Name
CLINICAL AESTHETIC RESEARCH, INC.

Principal Place of Business
20335 BISCAYNE BLVD.
SUITE L-37
AVENTURA FL 33180
US

Mailing Address
20335 BISCAYNE BLVD.
SUITE L-37
AVENTURA FL 33180
US

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 **65-0574018**

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

SAFAROFF, INNA G
1825 S. OCEAN DRIVE, SUITE PH-13
HALLANDALE FL 33009

Name **SAFAROFF, Inna G**
 Street Address (P.O. Box Number is Not Acceptable)
3180 S. Ocean Dr, apt 1519
 City **Hallandale FL** Zip Code **33009**

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, 2002 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 **PCEO** ☒ Delete
NAME **SAFAROF, INNA A**
STREET ADDRESS **20335 BISCAYNE BLVD. SUITE L-7**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **PCEO** ☐ Change ☐ Addition
NAME **SAFAROFF, Inna**
STREET ADDRESS **3180 S. Ocean Dr #1519 Hallandale FL**
CITY-ST-ZIP **33009**

TITLE **MD** ☒ Delete
NAME **GURCELNIK, YULY**
STREET ADDRESS **2030 S OCEAN DR APT 1801**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **MD** ☐ Change ☐ Addition
NAME **GURALNIK, Yuly**
STREET ADDRESS **1965 S. Ocean Dr apt 16 N**
CITY-ST-ZIP **Hallandale, FL 33009**

TITLE **V** ☐ Delete
NAME **SVERDLOV, DINA**
STREET ADDRESS **21375 MARINE COVE CR. A-14**
CITY-ST-ZIP **AVENTURA FL 33180**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)