

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90214 011 \*\*\*150.00

**DOCUMENT # P95000076092**

1. Entity Name  
**SKINELLS INC.**

Principal Place of Business

~~4462 MAHOGANY RIDGE DR.  
 WESTON FL 33331~~

Mailing Address

~~4462 MAHOGANY RIDGE DR.  
 WESTON FL 33331~~



2. Principal Place of Business

*818 Lavender Circle*

3. Mailing Address

Suite, Apt. #, etc.

City & State

*Weston Florida*

City & State

Zip

Country

*33327 USA*

Zip

Country

4. FEI Number

**65-0612064**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ESTANGA, CARLOS A**

~~4462 MAHOGANY RIDGE DR.  
 WESTON FL 33331~~

7. Name and Address of New Registered Agent

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, 2002 Fee will be \$350.00**

**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

TITLE **PD**  Delete  
 NAME **ESTANGA, CARLOS A**  
 STREET ADDRESS **4462 MAHOGANY RIDGE DR.**  
 CITY-ST-ZIP **WESTON FL 33351**

TITLE **VP**  Delete  
 NAME **ESTANGA, NEILYS L**  
 STREET ADDRESS **4462 MAHOGANY RIDGE DR.**  
 CITY-ST-ZIP **WESTON FL 33351**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  Change  Addition  
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 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:

*Carlos Estanga*  
 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/14/2002*  
 Date

*(954) 385-1779*  
 Daytime Phone #

CR2E034 (9/01)