2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State
02-06-2002 90043 025 ***150.00

DOCUMENT # P95000088289

1. Entity Name
PIKASSO SKIN CARE,INC.

Principal Place of Business	Mailing Address
~~1736 VANBUREN ST~~	~~1445 ATLANTIC SHORES BLVD.~~
~~HOLLYWOOD FL 33020~~	~~203~~
	~~HALLANDALE FL 33009~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1647 Hollywood BLVD	1647 Hollywood BLVD
Suite, Apt. #, etc. /	Suite, Apt. #, etc. /
City & State: Hollywood F/A.	City & State: Hollywood F/A
Zip: 33020 Country	Zip: 33020 Country

4. FEI Number 65-0622649 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CADRIN, CAROLYN
~~1736 VANBUREN ST~~
~~HOLLYWOOD FL 33020.~~

7. Name and Address of New Registered Agent

Name: CAROLYN CADRIN
Street Address (P.O. Box Number is Not Acceptable): 1647 HOLLYWOOD BLVD
City: HOLLYWOOD F/A
FL Zip Code: 33020

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] President — DATE: 1-21-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CADRIN, CAROLYN ~~1445 ATLANTIC SHORES #203~~ ~~HALLANDALE FL 33009~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President CAROLYN CADRIN 1647 HOLLYWOOD BLVD. HOLLYWOOD F/A 33020	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD NAULT, DORIS ~~1445 ATLANTIC SHORES BLVD. #203~~ ~~HALLANDALE FL 33009~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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] President — 1-21-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #