2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address with all other life empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # **P95000090875** AESTHETICS UNLIMITED, INC. 04-24-2000 90118 027 ***150.00 Mailing Address Principal Place of Business 2500 PGA BLVD. 2500 PGA BLVD PALM BEACH GARDENS FL 33410-2902 PALM BCH GARDENS FL 3410 17001 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0627781 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHIRICO, JOSEPH Street Address (P.O. Box Number is Not Acceptable) PGA PLAZA 2510 PGA BLVD PALM BCH GARDENS FL 33410 Zip Code City 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. DP ☐ Addition CK CKE ☐ Delete TITLE Change TITLE CHIRICO, JOSEPH NAME NAME PGA PLAZA - 2510 PGA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BCH GARDENS FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE LOPICCOLO, PHILIP NAME NAME STREET ADDRESS STREET ADDRESS 415 MEADOW LARK LANE CITY-ST-ZIP CITY-ST-ZIP <u>JUPITER FL 33458</u> Change 🔲 💳 سياسي والدحل الرار ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #