

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082622

1. Entity Name

SKIN CARE CENTER BY IVIS, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90026 028 ***150.00

Principal Place of Business

Mailing Address

7318 W. 20TH AVE.
HIALEAH FL 33016

7318 W. 20TH AVE.
HIALEAH FL 33016-1855

2. Principal Place of Business

3. Mailing Address

8252 NW 191 Lane

8252 NW 191 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0699571

Applied For

Not Applicable

Zip

33015

Country

Da de

Zip

33015

Country

Da de

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

PICHARDO, IVIS
7318 W. 20TH AVE.
HIALEAH FL 33016

Name

Street Address (P.O. Box Number is Not Acceptable)

8252 NW 191 Lane

City

Miami

FL

Zip Code

33015

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, 2000 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 DPST ☐ Delete
NAME PICHARDO, IVIS
STREET ADDRESS 7318 W. 20TH AVE.
CITY-ST-ZIP HIALEAH FL 33016

TITLE DPST ☒ Change ☐ Addition
NAME Pichardo, Ivis
STREET ADDRESS 8252 NW 191 Lane
CITY-ST-ZIP Miami, FL. 33015

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
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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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:

Ivis Pichardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305.556.2293

CR20014 (9/98)