


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90049 004 \*\*\*150.00

**DOCUMENT # P96000090853**

1. Entity Name  
**POWERMED SKIN CARE INTERNATIONAL, INC.**



Principal Place of Business  
**20237 N.E. 16TH PLACE  
MIAMI FL 33179**

Mailing Address  
**20237 N.E. 16TH PLACE  
MIAMI FL 33179**

2. Principal Place of Business  
**20237 NE 16TH PI**

3. Mailing Address  
**20237 NE 16TH PI**

Suite, Apt. #, etc.

City & State  
**MIAMI FLORIDA**

City & State  
**MIAMI, FL.**

Zip  
**33179**

Country  
**US**

Zip  
**33179**

Country  
**US**

4. FEI Number **65-0706816**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BARAK, ALEX T**  
**4601 SHERIDAN STREET**  
**SUITE 206**  
**HOLLYWOOD FL 33021**

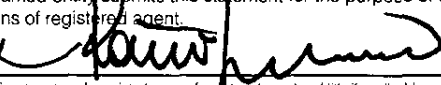
7. Name and Address of New Registered Agent

Name **JAKUBOW, RAFAEL**

Street Address (P.O. Box Number is Not Acceptable)  
**20241 NE 16TH PLACE**

City **Miami** FL Zip Code **33179**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **01-10-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>JAKUBOW, NERJA</b><br><b>20237 N.E. 16TH PLACE</b><br><b>MIAMI FL 33179</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>JAKUBOW, RAFAEL</b><br><b>20237 NE 16TH PLACE</b><br><b>miami, FL. 33179</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **01-10-03** DAYTIME PHONE # **(305) 652 8985**

00000100

CR2E034 (10/02)