| Entity Nan | MENT # P96000 Dis skin care, inc. | INESS REPO 101888 | , , | FILED Jan 22, 2001 8:00 am Secretary of State 01-22-2001 90097 007 ***150.00 |
|--|--|---|---|--|
| | ce of Business NA AVE: STE 300 309 | Mailing Address 508 SO HABANA AVE, STE TAMPA FL 33609 | | - |
| Principal F 261 Suite, Apt. | | 3. Mailing Address 26/5 Swa Suite, Apt. #, etc. | n n AR | DO NOT WRITE IN THIS SPACE |
| City & Stat | | City & State | Fr. | 4. FEI Number 59-3424578 Applied For |
| 3360 | | Zip Zip | Country | 5. Certificate of Status Desired Status Desired Fee Required |
| | 6. Name and Address of Current | Registered Agent | Nama | 7. Name and Address of New Registered Agent |
| | RCADIS, ABRAHAM MD | | Name 26 | 15 Summe Ave Same |
| | 'so habana ave. s te 300 IPA FL 3360 9 | | | ass (P.Q. Box mumber is Not Acceptable) |
| | | | City Ta | |
| | a annord and the Armite this statement to | | 10 | istered agent, or both, in the State of Florida. |
| NATURE | Allana | X | A.S. M | arcodis 12 Janão |
| | Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible | | E: Registered Agent signature rec | juired when reinstating) |
| This corpo Tax filing (| Signature, typed or printed name of registered agent | FILE NOW! After MAY 1, 20 | E: Régistered Agent signature rec | DATE |
| This corpo Tax filing (| Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so. | FILE NOW After MAY 1, 20 Make Check Payat DIRECTORS | If FEE IS \$150.00 If FEE IS \$150.00 01 Fee will be \$550.0 Ie to Department of \$ 12. | Added to Fees aured when reinstating) DATE 00 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
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