

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101888

1. Entity Name
MARCADIS SKIN CARE, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90097 007 ***150.00

Principal Place of Business
508 SO HABANA AVE STE 300
TAMPA FL 33609

Mailing Address
508 SO HABANA AVE STE 300
TAMPA FL 33609

2. Principal Place of Business
2615 Swann Ave
Suite, Apt. #, etc.

3. Mailing Address
2615 Swann Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL
Zip
33609
Country

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Tampa, FL
Zip
33609
Country

4. FEI Number 59-3424578
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARCADIS, ABRAHAM MD
508 SO HABANA AVE STE 300
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name 2615 Swann Ave Same
Street Address (P.O. Box Number is Not Acceptable)
2615 Swann Ave
City Tampa, FL FL Zip Code 33609

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]* A.S. Marcadis 12 Jan 01
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, 2001 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

TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	MARCADIS, ABRAHAM MD	
CITY-ST-ZIP	508 SO HABANA AVE STE 300 TAMPA FL 33609	
TITLE NAME	S	<input type="checkbox"/> Delete
STREET ADDRESS	MARCADIS, ELIZABETH Z.	
CITY-ST-ZIP	508 S HABANA AVE #300 TAMPA FL 33609	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2615 Swann Ave
CITY-ST-ZIP	Tampa, FL
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2615 Swann Ave
CITY-ST-ZIP	Tampa, FL
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* A.S. Marcadis 12 Jan 01 8780089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)