

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90113 020 ***150.00

DOCUMENT # P9700000 2355
 1. Entity Name
EEL SKIN WORLD, INC.

Principal Place of Business Mailing Address
2900 W Sampson Rd 9153 NW 38th Drive
Orlando FL 32807 C.S. FL 33065

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 65-0723393 Applied For Not Applicable
 6. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NAM SUH
9153 NW 38th Drive
Coral Springs, FL 33065

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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)

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	
ST - ZIP	<input type="checkbox"/> Delete <u>PD</u> <u>NAM SUH</u> <u>9153 NW 38th Drive</u> <u>Coral Springs FL 33065</u>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST - ZIP	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST - ZIP	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST - ZIP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST - ZIP	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST - ZIP	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ST - ZIP	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST - ZIP	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: NAM Sook Suh 4-27-00 978-7527
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)