

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90496 038 \*\*\*150.00

DOCUMENT # **P97000002355**  
 1. Entity Name  
**EEL SKIN WORLD INC.** ✓

Principal Place of Business Mailing Address  
**8900 W Sample Road**  
**Pompano Beach FL 33067** / **4706 NW 59th Manor**  
**Coconut Creek FL 33073**

**00069307**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.  
**4706 NW 59th Manor**

DO NOT WRITE IN THIS SPACE

City & State  
**Coconut Creek FL**

4. FEI Number  
**05-0723393**  
 Applied For  
 Not Applicable

Zip Country  
**33073 USA**

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

6. Name and Address of Current Registered Agent  
**NAM SUH**  
**4706 NW 59th Manor**  
**Coconut Creek FL 33073**

7. Name and Address of New Registered Agent  
 Name **NAM SUH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4706 NW 59th Manor**  
 City **Coconut Creek FL** Zip Code **33073**

*Change Address*

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, 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 STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>NAM SUH</b> <b>4706 NW 59th Manor</b> <b>Coconut Creek FL 33073</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>4706 NW 59th Manor</b> <b>Coconut Creek FL 33073</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (1/100)

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]** **4/30/01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**TO VENDOR DID NOT REVENUE FROM - PLEASE ADJUST YOUR**