2000 UMFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071037

SKIN CARE BY PAMELA, INC.

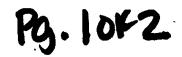
Principal Place of Busines						
ma	NORTH	MII	ITARY	TRAIL		

SUITE 230 **BOCA RATON FL 33431** Mailing Address

2600 NORTH MILITARY TRAIL SUITE 230

BOCA RATON FL 33431-6382

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



FILED

00 APR 25 PM 1:50

SECRETARY OF STATE TAGEATASSEE, FEORIDA



Suite, Apt. +	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State		4. F	FEI Number 65-0773916			 	oplied For ot Applicable	
Zip	Country		Zip	Coun	try	5. Certificate of Status Desired		\$8.75 Additional Fee Required			
	6. Name and Address of Curr	ent Reg	istered Agent		7. Name and Address of New Registered Agent						
					Name						ŀ
LERRO, VICTOR 2600 N. MILITARY TRAIL BOCA RATON FL 33431			Street Address (P.O. Box Number is Not Acceptable)								
			City FL Zip Code								
8. The above	named entity submits this stateme	nt for the	purpose of changing its	registere	ed office or r	egistered age	ent, or both, i	n the State of Flo	rida.		
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SIGNATURE ~	Signature, typed or printed name of registered a	agent and lit	le it applicable. (NOTE	: Registere	d Agent signature	e required when re	instating)		DATE		
						_					
	ration is eligible to satisfy its Intang	gible		V!!! FEE IS \$150.00			10. Election	on Campaign Fin		\$5.0	0 May Be
•	equirement and elects to do so.	ا ت	After MAY 1, 20				Trust I	Fund Contribution	٦.		d to Fees
(See Criteri			Make Check Payab				<u>L</u>				
11.	OFFICERS A	ND DIR		12.		AD	DITIONS/CF	IANGES TO OFF	ICERS A		
TITLE	PSTD		☐ Delete	TITLE						☐ Change	Addition
NAME	CICERO, PAMELA	_		NAM			3.	05/03 05/03-	-೧೮	4144	U
STREET ADDRESS	2600 North Military trai	IL			ET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL 33431			CITY	-ST-ZIP			****	<u>50.U</u>		
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition
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TITLE			☐ Delete	TITU						☐ Change	Addition
NAME				NAM	1						l
STREET ADORESS				STRE	ET ADDRESS					8	KE
CITY-ST-ZIP				CITY	-ST-ZIP					ų.	A Gran
13. I hereby o	pertify that the information supplied	with this	s filing does not qualify to	r the exe	mption state	ed in Section	119.07(3)(i).	Florida Statutes.	l further	certify that the	information
indicated	pertify that the information supplied on this report or supplemental rep	ort is true	and accurate and that r	ny signa	ture shall ha	ve the same	legal effect a	s if made under	oath; that	t I am an office	r 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:

	Skin Care By	Pamela, Inc	14.201
Yes, I wish to part. Report Program.	icipate in the	Guaranteed Co	rporation Annual
	Or		
No, I do not responsibility for the report.	wish to part timely filing	icipate and g and payment	I will assume of this annual
	ecial Power of		
I, <u>Pamela Cicer</u>	O, Presid	dent of Skin C	aré By Pamela,
Inc, hereby grant to my	Agent, Victor	Lerro of Victo	or Lerro &
Company PA the right to	prepare and si	ign in the sign	nature area the
Florida Department of St	ate Profit Cor	rporation Annua	al Report on
behalf of Skin Care By E	Pamela, Inc	This Power of	Attorney shall
become effective immedia	ately, and shal	ll continue unt	til revoked by
Mula Ulw Signature Pamela Cicerc	- T	resident Pitle	1/9/99 Date
Printed name			;