

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2001 8:00 am**  
**Secretary of State**

07-02-2001 90002 041 \*\*\*150.00

**DOCUMENT #** *P97000083765*  
**1. Entity Name**  
*L-FAMSKIN Institute, Inc*

**Principal Place of Business** *2138-2140 NE 123 Street*  
*North Miami, FL 33181*  
**Mailing Address** *same*

**C0072254**

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
**3. Mailing Address**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
**Zip** **Country**

**4. FEI Number** *65-0789854*  
 Applied For  
 Not Applicable

**6. Name and Address of Current Registered Agent**

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

*D'Angelo, Florence*  
*2138-2140 NE 123 Street*  
*North Miami, FL 33181*

**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)

**FILE NOW WITH FEE OF \$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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<i>PD</i> <i>D'Angelo, Florence</i> <i>2138-40 NE 123 Street</i> <i>North Miami, FL 33181</i>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<i>D</i> <i>Annunziata, Marcia</i> <i>2138-40 NE 123rd Street</i> <i>North Miami, FL 33181</i>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<i>STD</i> <i>D'Angelo, Ralph</i> <i>6450 SW 127 AVE</i> <i>Fl. Landerdale, FL 33330</i>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<i>STD</i> <i>D'Angelo, Ralph</i> <i>P.O. Box 1887</i> <i>Hallandale, FL 33008</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<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)(f), 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:** *Ralph D'Angelo Sec. TR. DIR* *6/27/01* *954-432-1099*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

Attachment Doc # P97000083765  
C0079254

**Lance P. Mirrer, CPA, P.A.**  
*Certified Public Accountants & Financial Consultants*  
PO Box 260879  
Pembroke Pines, FL 33026  
(954) 432-1099 / FAX (954) 443-6123  
E-mail: cpa@taxmancpa.com

June 25, 2001

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
Box 1500  
Tallahassee, FL 32302-1500

Re: L-Fam Skin Institute, Inc  
Doc # P97000083765

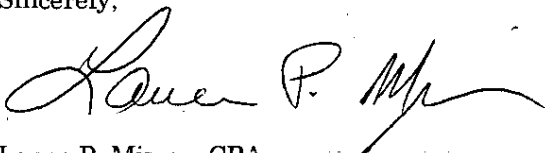
Dear Madam or Sir:

Enclosed are properly completed & executed 2001 Uniform Business Report and payment for the above corporation. On behalf of this corporation, I request you to abate the late filing penalty due to reasonable cause.

This corporation **never received** their initial filing notice. When they did not receive your renewal notice, they believed I, as their CPA had filed the report for them.

Please call if you need any further information or clarification on this matter.

Sincerely,



Lance P. Mirrer; CPA

SENT CERTIFIED MAIL, RETURN RECEIPT REQUESTED # Z 847 019 128