2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State
08-13-2001 90145 015 ***150.00

D0060986

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000103779

1. Entity Name
TWINS SKIN CARE, INC.

Principal Place of Business	Mailing Address
1171 N.W. 182ND WAY PEMBROKE PINES FL 33029	1171 N.W. 182ND WAY PEMBROKE PINES FL 33029

2. Principal Place of Business	3. Mailing Address
3906 SW 190th Avenue	3906 SW 190th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar FL	City & State: Miramar FL
Zip: 33029 Country: US	Zip: 33029 Country: US

4. FEI Number 65-0797625 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
WARNER, ROSALBA
1171 N.W. 182ND WAY
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 3906 SW 190th Avenue
City Miramar FL Zip Code 33029

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARNER, ROSALBA 1171 N.W. 182ND WAY PEMBROKE PINES FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Warner, Rosalba 3906 SW 190th Ave Miramar, FL 33029	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARNER, DWAYNE 1171 NW 182ND WAY PEMBROKE PINES FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Warner, Dwayne 3906 SW 190th Ave Miramar, FL 33029	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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] 4-18-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

[signature] 8-6-01