2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P9800000308** Feb 16, 2000 8:00 am 1. Entity Name SKS BEALTY, INC. **Secretary of State** 02-16-2000 90062 015 ***150.00 Principal Place of Business Mailing Address 918 OCEAN DRIVE, STE 207 918 OCEAN DRIVE, STE 207 MIAMI BEACH FL 33139-5026 MIAMI BEACH FL 33139 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0807421 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KLETZENBAUER, HERI 918 OCEAN DRIVE, STE 207 MIAMI BEACH FL 33139 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 HOENAU, HART MUT Signature, ty of registered agent and title if applicable 9. This corporation is eligible to satisfy its intangible - - FILE-NOW!!!-FEE-IS \$150,00 - ---Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Addition Delete TITLE SCHOENAU, HARTMUT 1312 NE 105TH STREET SILBERMANN, FAINA NAME STREET ADDRESS STREET ADDRESS 918 OCEAN DRIVE, STE 207 MIAMI SHORES, FL 33138 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 TITLE Addition TITLE Delete KLETZEN BAUER, HERI 918 OCEAN DRIVE, STE 20 MIAMI BEACH, FL 33139 NAME NAME KLETZENBAUER, HERI STREET ADDRESS STREET ADDRESS 918 OCEAN DRIVE, STE 207 CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Addition Delete TITLE TITLE SILBERMANN, FAINA 1312 NE 105 TH STREET HARTMMT, SCHOENOM NAME NAME STREET ADDRESS 918 OCEAN DR., #207 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33139** MIAMI SHORES, EL 331 ■ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition □ Change ☐ Delete TITLE NAMĘ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SCHOENAU , HARTMUT