

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90036 034 ***158.75

0276898 AV

DOCUMENT # P98000015049

1. Entity Name

CELLULITE & LIPOSCULPTURE CENTER, INC.

Principal Place of Business

**11880 S.W. 40TH STREET
 SUITE NO. 304
 MIAMI FL 33175**

Mailing Address

**11880 S.W. 40TH STREET
 SUITE NO. 304
 MIAMI FL 33175**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0827822

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ZALDIVAR, ROCCO JULIO
 11880 S.W. 40TH STREET
 SUITE NO. 304
 MIAMI FL 33175~~

Name

Ricardo E. Presas

Street Address (P.O. Box Number is Not Acceptable)

11880 SW 40th St #304

City

MIAMI

FL

Zip Code

33175

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

1/16/02

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, 2002 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 **PD** ☒ Delete
 NAME ~~ZALDIVAR, ROCCO J~~
 STREET ADDRESS ~~11880 SW 40TH ST~~
 CITY-ST-ZIP ~~MIAMI FL 33175~~

TITLE **PD** ☐ Change ☒ Addition
 NAME **Presas E. Ricardo**
 STREET ADDRESS **11880 SW 40th St #304 MIAMI, FL 33175**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02 305-228-4441

Date

Daytime Phone #

CR2E034 (9/01)