3/1

2002 UNIFORM BUSINESS REPORT (UBR)

P98000032156

DOCUMENT # 1. Entity Name

PUNIE	VEDRA AI	ESTHETIC LASER R	ENTAL, INC.					
Principal Place of Business 250 A1A NORTH STE 5 PONTE VEDRA BEACH FL 32082		Mailing Address 250 A1A NORTH STE 5 PONTE VEDRA BEACH FL 32082						
2. Principal	Place of Busin	nėss	3. Mailing Address	· · ·				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS	S SPACE	
City & State			City & State		4.	4. FEI Number 59-3507460 Applied For		pplied For ot Applicable
Zip	· · -	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ad	ktitional
	6. Noma	and Address of Current R	egistered Agent	 7	- <i>~</i> -~ 7.~	Hame and Address of New Registered		
ISAAC, F			•	Name Street Add	AV IO	Box Number is Not Acceptable)		
	ANTIC BLVI					DOX 114 HOL 14 HOL Acceptable)		
JACKSON	NVILLE FL 3:	2207		City O	29 (ust	
		-		. I hay to	nte	Venez Runch Fl	L 333	ر <u>2 8 گا</u>
8. The above	e named entity	y submits this statement for t	he purpose of changing its	egistered effice or re-	gistered ag	gent, or both, in the State of Florida.		
SIGNATURE		170	hul 1. 1	Tang		14	20.02	
	Signature, typed	or printed name of registered egent and	T	Registered Agent agneture re	equired when n	einstating) DATE		
9 This core	oration is stici							
Tax filing	requirement a aria on back)	ble to satisfy its Intangible and elects to do so.		! FEE IS\\$/50.00 2 Fee will be \$550. e to Department of		Election Campalgn Financing Trust Fund Contribution.		May Be to Fees
Tax filing	requirement a	and elects to do so.	After May 1, 200 Make Check Payabi	2 Fee will be \$550.	State	Trust Fund Contribution.	☐ Added	to Fees
Tax filing (See crite	requirement a aria on back)	OFFICERS AND DI	After May 1, 200 Make Check Payabi	2 Fee will be \$550. e to Department of	State		☐ Added	to Fees
Tax filing (See crite 11. TITLE 2 NAME STREET ADDRESS	D HARVEY, C 250 A1A N	OFFICERS AND DI DAVID T IORTH STE 5	After May 1, 200 Make Check Payabi RECTORS	2 Fee will be \$550. to Department of 12. TITLE NAME STREET ADDRESS	State	Trust Fund Contribution.	☐ Addex □ DIRECTOR	t to Fees S IN 11
Tax filing (See crite 11. TITLE 3 NAME STREET ADDRESS CITY-SI-ZIP	D HARVEY, C 250 A1A N	OFFICERS AND DI	After May 1, 200 Make Check Payabi RECTORS Delete	2 Fee will be \$550. to Department of 12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP	State	Trust Fund Contribution.	☐ Added D DIRECTOR ☐ Change	d to Fees SIN 11 Addition
Tax filing (See crite 11. TITLE 3 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D HARVEY, C 250 A1A N	OFFICERS AND DI DAVID T IORTH STE 5	After May 1, 200 Make Check Payabi RECTORS	2 Fee will be \$550. to Department of 12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME	State	Trust Fund Contribution.	☐ Addex □ DIRECTOR	t to Fees S IN 11
Tax filing (See crite 11. TITLE 3 NAME STREET ADDRESS CITY-ST-ZIP TITLE	D HARVEY, I 250 A1A N PONTE VE	OFFICERS AND DI DAVID T IORTH STE 5	After May 1, 200 Make Check Payabi RECTORS Delete	2 Fee will be \$550. to Department of 12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE	AC AC	Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS AN	☐ Added D DIRECTOR ☐ Change	d to Fees SIN 11 Addition
Tax filing (See crite 11. TITLE 3 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D HARVEY, C 250 A1A N	OFFICERS AND DI DAVID T IORTH STE 5	After May 1, 200 Make Check Payabi RECTORS Delete	2 Fee will be \$550. to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP - TITLE	State	Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS AN	☐ Added D DIRECTOR ☐ Change	d to Fees SIN 11 Addition
Tax filing (See crite 11. TITLE 2 NAME STREET ADDRESS CITY-SY-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	D HARVEY, I 250 A1A N PONTE VE	OFFICERS AND DI DAVID T IORTH STE 5	After May 1, 200 Make Check Payabi RECTORS Delete Delete	2 Fee will be \$550. to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP-	AC AC	Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS AN	Addec D DIRECTOR Change Change	S iN 11 Addition Addition
Tax filing (See crite 11. TITLE 2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	D HARVEY, I 250 A1A N PONTE VE	OFFICERS AND DI DAVID T IORTH STE 5	After May 1, 200 Make Check Payabi RECTORS Delete Delete	2 Fee will be \$550. to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	AC AC	Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS AN	Addex D DIRECTOR Change Change	d to Fees S IN 11 Addition Addition Addition
Tax filing (See crite 11. TITLE 2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D HARVEY, I 250 A1A N PONTE VE	OFFICERS AND DI DAVID T IORTH STE 5	After May 1, 200 Make Check Payabi RECTORS Delete Delete	2 Fee will be \$550. to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP - TITLE NAME STREET ADDRESS CITY-ST-ZIP -	AC	Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS AN	Addec D DIRECTOR Change Change	S iN 11 Addition Addition
Tax filing (See crite 11. TITLE 2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	D HARVEY, I 250 A1A N PONTE VE	OFFICERS AND DI DAVID T IORTH STE 5	After May 1, 200 Make Check Payabi RECTORS Delete Delete	2 Fee will be \$550. to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP - TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	AC	Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS AN	Addex D DIRECTOR Change Change	d to Fees S IN 11 Addition Addition Addition
Tax filing (See crite 11. TITLE 2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	D HARVEY, I 250 A1A N PONTE VE	OFFICERS AND DI DAVID T IORTH STE 5	After May 1, 200 Make Check Payabi RECTORS Delete Delete	2 Fee will be \$550. to Department of 12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC	Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS AN	Addec D DIRECTOR Change Change Change	d to Fees S IN 11 Addition Addition Addition
Tax filing (See crite 11. TITLE 2 NAME STREET ADDRESS CITY-ST-ZIP TITLE	D HARVEY, I 250 A1A N PONTE VE	OFFICERS AND DI DAVID T IORTH STE 5	After May 1, 200 Make Check Payabi RECTORS Delete Delete	2 Fee will be \$550. to Department of 12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	AC	Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS AN	Addex D DIRECTOR Change Change	d to Fees S IN 11 Addition Addition Addition
Tax filing (See crite 11. TITLE 2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	D HARVEY, I 250 A1A N PONTE VE	OFFICERS AND DI DAVID T IORTH STE 5	After May 1, 200 Make Check Payabi RECTORS Delete Delete	2 Fee will be \$550. to Department of 12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC	Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS AN	Addec D DIRECTOR Change Change Change	d to Fees S IN 11 Addition Addition Addition
Tax filing (See crite 11. TITLE 2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D HARVEY, I 250 A1A N PONTE VE	OFFICERS AND DI DAVID T IORTH STE 5	After May 1, 200 Make Check Payabi RECTORS Delete Delete	2 Fee will be \$550. to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP - TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	AC	Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS AN	Addec D DIRECTOR Change Change Change	d to Fees S IN 11 Addition Addition Addition
Tax filing (See crite 11. TITLE 2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	D HARVEY, I 250 A1A N PONTE VE	OFFICERS AND DI DAVID T IORTH STE 5	After May 1, 200 Make Check Payabi RECTORS Delete Delete	2 Fee will be \$550. to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	AC	Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS AN	Addex D DIRECTOR Change Change Change Change	d to Fees S IN 11 Addition Addition Addition Addition
Tax filing (See crite 11. TITLE 2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	D HARVEY, I 250 A1A N PONTE VE	OFFICERS AND DI DAVID T IORTH STE 5	After May 1, 200 Make Check Payabi RECTORS Delete Delete Delete	2 Fee will be \$550. to Department of 12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	AC	Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS AN	Addec D DIRECTOR Change Change Change	d to Fees S IN 11 Addition Addition Addition
Tax filing (See crite 11. TITLE 2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, I 250 A1A N PONTE VE	OFFICERS AND DI DAVID T IORTH STE 5	After May 1, 200 Make Check Payabi RECTORS Delete Delete Delete	2 Fee will be \$550. to Department of 12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	AC	Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS AN	Addex D DIRECTOR Change Change Change Change	d to Fees S IN 11 Addition Addition Addition Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemptional indicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report has required changed, or on an attachment with an address, will all other like empowered. stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ill have the same legal effect as if made under oath; that I am an officer or director Chapter 607, plorida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: 1

FILED May 24, 2002 8:00 am Secretary of State