

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90053 029 \*\*\*150.00

**DOCUMENT # P98000042343**

1. Entity Name

**NATURES' SKIN CARE CLINIC, INC.**

Principal Place of Business

Mailing Address

235 CRANDON BLVD.  
 SUITE 2  
 KEY BISCAINE FL 33149

235 CRANDON BLVD.  
 SUITE 2  
 KEY BISCAINE FL 33149-1544

**A0017322**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0836102**

Applied for

Not Applied for

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENNETT, JOSH N**  
**NATIONSBANK TOWER SUITE 2600**  
**100 SE SECOND STREET**  
**MIAMI FL 33131**

Name

**Mabelis Fernandez**

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

**235 Crandon Blvd.**

**Suite 2**

City

**Key Biscayne**

**FL**

Zip Code  
**33149**

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

**Mabelis E. Fernandez** **Mabelis Fernandez (President)**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2-1-2000**

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **FERNANDEZ, MABELIS**  
 CITY-ST-ZIP **2381 SW 16TH TERR**  
**MIAMI FL 33145**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **RUIZ, BLANCA R**  
 CITY-ST-ZIP **610 SW 33RD AVE**  
**MIAMI FL 33135**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐  
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TITLE ☐ Change ☐  
 NAME  
 STREET ADDRESS  
 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 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Mabelis E. Fernandez** **Mabelis Fernandez (President)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-1-2000**

Date

**(305) 365-4444**

Daytime Phone #