

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90833 010 \*\*\*150.00

11/13/03 AV

**DOCUMENT # P98000053971**  
1. Entity Name  
**ADVANCED SKIN CARE & THERAPEUTIC MASSAGE, INC.**



Principal Place of Business  
**6430 PARK STREET  
HOLLYWOOD FL 33024**

Mailing Address  
**6430 PARK STREET  
HOLLYWOOD FL 33024**



2. Principal Place of Business  
**6430 Park Street  
Hollywood**

3. Mailing Address  
**6430 Park St  
Hollywood**

Suite, Apt. #, etc.  
**Hollywood**

Suite, Apt. #, etc.  
**Hollywood**

City & State  
**FL**

City & State  
**FL**

Zip  
**33024**

Country  
**USA**

Zip  
**33024**

Country  
**USA**

4. FEI Number **65-0843655**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**DOMINGO, VIOLET  
6430 PARK STREET  
HOLLYWOOD FL 33024**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Violet Domingo (Violet Domingo)**

**1/11/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Delete  
NAME **D**  
STREET ADDRESS **DOMINGO, VIOLET**  
CITY-ST-ZIP **6430 PARK STREET  
HOLLYWOOD FL 33024**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Violet Domingo** **REQUIRED**

**1/11/03**

**954 964 8818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)