place lot L) UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000075154 ADVANCED SKIN CARE, INC. 00 DEC 18 PM 2: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7499 S.W. 148TH ST. 7499 S.W. 148TH ST. MIAMI FL 33158 MIAMI FL 33158 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHIRLEY A. SESSLER **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE MIGHWAT 14973 CORAL GABLES FL 33134 Zip Cod= 33/76 8. The above named entity subryfity this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE X 9. This corporation is eligible to satisfy its intangible FILE NOW!!!-FEE IS \$550.00 \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (5/00) PSTD Change Acciden ☐ Delete TITLE TITLE SESSLER, SHIRLEY A NAME NAME 14973 SOUTH DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP Change T Add tion Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change -111fan ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 400000 ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change App tion ⁻ ☐ Delete TITLE TITLE NAME NAME STREET ADOPESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Acciten ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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13. I hereby certify that the information supplied with this filling 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 at rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CITY-ST-ZIP

changed, or on an attachmen

SIGNATURE:

Members

American Institute of Certified Public Accountants Florida Institute of Certified Public Accountants

Daniel Arty, C.P.A.
Stanley D. Cohn, C.P.A.
LESTER FEUER, C.P.A.
Ralph Maya, C.P.A.
Joel L. Moskowits, C.P.A.
J. Deedee Weithorn, C.P.A.





November 7, 2000

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Florida 32314-6327

Re: Advanced Skin Care, Inc. Document # P98000075154

Dear Sir or Madam:

Enclosed please find a copy of a notice of administrative dissolution or revocation recently received by above corporation. Apparently, you have no record of this corporation filing its 2000 corporation annual report.

Please be advised that your conclusion is incorrect. Enclosed please find a copy of the 2000 corporation annual report filed on or about August 21, 2000. Enclosed also please find a copy of the canceled check amounting to \$550.00 sent to process the stated report.

Based on the above, please reinstate this corporation, and send confirmation of such action at once.

Very truly yours,

Ralph Maya

Enclosures (3)

Cc: Advanced Skin Care, Inc.

Maya/Sessler/Advskincare/Annrep00