2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State
01-23-2001 90082 010 ***150.00

DOCUMENT # P98000082339

1. Entity Name
BELLA GENTE SKIN CARE, INC.

Principal Place of Business	Mailing Address
7980 PINES BLVD PEMBROKES PINE FL 33024 1956 NW 168 AV Pembroke Pines FL 33028	7980 PINES BLVD HOLLYWOOD FL 33024

29791

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7980 Pines Blvd.	
Suite, Apt. #, etc. 1	Suite, Apt. #, etc.
City & State Pembroke Pines, FL.	City & State Pembroke Pines FL
Zip 33028 Country USA	Zip Country USA

4. FEI Number 65-0863813 — Applied For / Not Applicable

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
TELLEZ, LUISA FERNANDA 1956 NW 168 AVE PEMBROKES PINE FL 33028	Name LUISA FERNANDA TELLEZ Street Address 1956 NW 168 Ave City Pembroke Pines FL Zip 33028

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 Luisa F. Tellez / LUISA F. TELLEZ — Director — 3/2/01
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD TELLEZ, LUISA FERNANDA 7986 NW 190TH TERR MIAMI FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition TELLEZ, LUISA FERNANDA 1956 NW 168 Ave Pembroke Pines, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOMEZ, SANDRA ROCIO 7986 NW 190TH TERR MIAMI FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Luisa F. Tellez LUISA FERNANDA TELLEZ — 954-987-1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

954-704-1298
305-528-7779.