

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096295

1. Entity Name

BERT'S BODY & SKIN CARE, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90276 045 ***150.00

Principal Place of Business Mailing Address

8300 SANDS POINT BLVD.
SUITE K-308
TAMARAC FL 33321

8300 SANDS POINT BLVD.
SUITE K-308
TAMARAC FL 33321-3810

2. Principal Place of Business

12152 NW 35 PLACE

3. Mailing Address

12152 NW 35 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SUNRISE, FL

City & State
SUNRISE, FL

4. FEI Number 65-0885008

Applied For
Not Applicable

Zip
33323

Country
USA

Zip
33323

Country
USA

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

COLLETTI, JOSEPH R
3550 BISCAYNE BLVD.
SUITE 610
MIAMI FL 33137

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.

SIGNATURE

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, 2000 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: D
NAME: CUZA, HUMBERTO
STREET ADDRESS: 8300 SANDS POINT BLVD. UNIT K-308
CITY-ST-ZIP: TAMARAC FL 33321 ☐ Delete

TITLE: D
NAME: CUZA, HUMBERTO ☒ Change ☐ Addition
STREET ADDRESS: 12152 N.W. 35 PLACE
CITY-ST-ZIP: SUNRISE, FL. 33323

TITLE: D
NAME: CUZA, MARIA DULCE
STREET ADDRESS: 8300 SANDS POINT BLVD. UNIT K-308
CITY-ST-ZIP: TAMARAC FL 33321 ☐ Delete

TITLE: D
NAME: CUZA, MARIA DULCE ☒ Change ☐ Addition
STREET ADDRESS: 12152 N.W. 35 PLACE
CITY-ST-ZIP: SUNRISE, FL. 33323

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
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TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Delete
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TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Humberto Cuza HUMBERTO CUZA

1/14/2000

305.594-6666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)