

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2000 8:00 am**
Secretary of State

04-27-2000 90057 019 ***150.00

DOCUMENT # P99000003073

1. Entity Name

GIOJEN SKIN CARE CORP.

Principal Place of Business

Mailing Address

12440 SOUTHWEST 189TH STREET
FL 3317712440 SOUTHWEST 189TH STREET
MIAMI FL 33177-3825**948232**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7105 S.W. 8th St.**7105 S.W. 8th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 103**Suite # 103**

City & State

City & State

Miami FL.**Miami FL.**

Zip

Zip

Country

Country

33144**33144**

4. FEI Number

65-0888277

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 State10. 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
NOZIGLIA, ANGELA
12440 SOUTHWEST 189TH STREET
MIAMI FL 33177TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
RUIZ, ANA M
12440 SOUTHWEST 189TH STREET
MIAMI FL 33177TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **Ana M Ruiz** Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 (305) 264-0916

Date

Daytime Phone #

CR2E034 (9/99)