

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90043 044 \*\*\*150.00

**DOCUMENT # P99000020653**

1. Entity Name

**KUWA SKIN CARE, INC.**

Principal Place of Business

**532 W BOYNLON BCH BLVD  
SUITE 6  
BOYNTON BEACH FL 33435**

Mailing Address

**5831 AMETHYST COURT  
BOYNTON BEACH FL 33437**

2. Principal Place of Business

**4895 Windward Passage Dr.**

3. Mailing Address

**4895 Windward Passage Dr.**

Suite, Apt. #, etc.

**Suite 6**

Suite, Apt. #, etc.

**6**

City & State

**Boynton Beach Fla.**

City & State

**Boynton Bch Fl**

Zip

**33436**

Country

**USA**

Zip

**33436**

Country

**USA**

4. FEI Number

**65-0901026**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VACANTI, RHONDA J  
5831 AMETHYST COURT  
BOYNTON BEACH FL 33437**

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.

SIGNATURE

**Rhonda J Vacanti**

**2-1-01**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VACANTI, RHONDA J</b>	
STREET ADDRESS	<b>5831 AMETHYST COURT</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VACANTI RHONDA J</b>	
STREET ADDRESS	<b>5831 Amethyst Ct</b>	
CITY-ST-ZIP	<b>4895 Windward Passage Pr. Boynton Beach Fla 33436 St 6</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Rhonda J Vacanti**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-1-01**

Date

**561-737-1842**

Daytime Phone #

CR2E034 (10/00)