

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034989

1. Entity Name
MIAMI AESTHETIC CLINIQUE, INC.

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90161 021 ***550.00

AV 8/69800

Principal Place of Business Mailing Address
201 S. BISCAYNE BLVD., 20TH FLOOR 201 S. BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0931809		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AUERBACH, MARC H ESQ. 201 S. BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131		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]* DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
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	VD MARTINEZ, REBECA M.D. 4300 ALTON ROAD #850 MIAMI FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GUTIERREZ, JAVIER M.D. 4300 ALTON ROAD #850 MIAMI FL 33140 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BITRAN, MAURICIO M.D. 4300 ALTON ROAD #850 MIAMI FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOLLOCH, EMMANUELA M.D. 4300 ALTON ROAD #850 MIAMI FL 33140 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AYERS, JAMILET M 4300 ALTON ROAD #850 MIAMI FL 33140 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *[Signature]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)