## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # P99000047675 1. Entity Name JONDA'S FACIAL, INC. 03-21-2000 90103 010 \*\*\*150.00 HMENDED TO IFSKIN COULD TAKE Mailing Address Principal Place of Business 780 NORTHWEST LEJEUNE ROAD 780 NORTHWEST LEJEUNE ROAD SUITE 516 SHITE 516 MIAMI FL 33126 **MIAMI FL 33126** 2. Principal Place of Business 3. Mailing Address Suite, Apt. Suite Ant. #. etc. Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8 Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **强烈**中亚 SPIEGEL & UTRERA, P.A. Street 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City 8. The above named entity submits this statement ne purpose of changing its registered office or registered agent, or both, in the State of Florida OTE: Registered Agent signature required when reinstating) FILE NOW!!!-FEE IS-\$150.00--- .=---9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Addition PTD ☑ Delete TITLE NAME NAME **DELUCCA, CHARLES III** STREET ADDRESS STREET ADDRESS 780 NORTHWEST LEJEUNE ROAD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 TITLE Change Addition TITLE NAME NAME DELUCCA, JONDA STREET ADDRESS STREET ADDRESS 780 NORTHWEST LEJEUNE ROAD CITY-ST-ZIP" CITY-ST-ZIP MIAMI FL 33126 President Treasure/ D Change Natalie Clancy 15310 East lock Isle Dr TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition D'Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ■ Addition TITLE Delete NAME NAME STREET ADDRESS: STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 exercise 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 attached SIGNATURE: