

**2000 UNIFORM BUSINESS REPORT (UBR)**

4

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90009 022 \*\*\*150.00

**DOCUMENT # P99000050733**  
 1. Entity Name  
**R & R AESTHETICS, INC.**

Principal Place of Business      Mailing Address  
~~5843 SW 140TH AVE~~      ~~5843 SW 140TH AVE~~ **3855 S.W. 145 PL**  
~~MIAMI FL 33183~~      ~~MIAMI FL 33183-1130~~ **MIAMI, FL 33175**  
**3855 S.W. 145 PL**  
**MIAMI, FL 33175**

2. Principal Place of Business      3. Mailing Address  
**3855 S.W. 145 PL**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**MIAMI, FL**  
 Zip      Country      Zip      Country  
**33175**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ESQUJAROSA, ROBERTO** **3855 S.W. 145 PL.**  
~~5843 SW 140TH AVE~~ ~~MIAMI FL 33183~~ ~~MIAMI FL 33175~~

4. FEI Number      Applied For  
**65-0930210**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
**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 <b>D</b>	<input type="checkbox"/> Delete <b>ESQUJAROSA, ROBERTO</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5843 SW 140TH AVE</b>		NAME	
CITY-ST-ZIP <b>MIAMI FL 33183</b>		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *[Signature]*      Date **8-9-00**      Daytime Phone # **(305) 298-0088**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR