·2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am Secretary of State P99000057385 **DOCUMENT #** 1. Entity Name 04-29-2002 90111 029 ***150.00 AESTHETIC & COSMETIC SURGERY ASSOCIATES NEWAY, I NC. Principal Place of Business Mailing Address 2100 E HALLANDALE BEACH BLVD #400 2100 E HALLANDALE BEACH BLVD #400 HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0945104 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIZZONI, MARIA CINTIA Street Address (P.O. Box Number is Not Acceptable) 21150 NE 38TH AVENUE #404 AVENTURA FL 33180 City Zip Code Fl 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition PIZZONI, MARIA CINTIA NAME NAME 21150 NE 38TH AVENUE #404 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **AVENTURA FL 33180** CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

of the corporation or the receiver or trustee empowered to exerchanged, or on an attachment with an address, with all effect in

te this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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 argunture shall have the same legal effect as if made under oath; that I am an officer or director

FILED

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