

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093531

1. Entity Name

LASER SKIN & MORE CORPORATION

Principal Place of Business

Mailing Address

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 MAY -2 AM 10:41

2. Principal Place of Business

2300 CORAL WAY

Suite, Apt. #, etc.

SUITE # 200

City & State

MIAMI, FL

Zip

33145

Country

US

3. Mailing Address

2300 CORAL WAY

Suite, Apt. #, etc.

SUITE # 200

City & State

MIAMI, FL

Zip

33145

Country

US

4. FEI Number

65-0957183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DON GONZALEZ, PA  
9050 PINES BLVD, SUITE 450-F  
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent

Name

FLORIDA ANNUAL REPORT SERVICES INC.

Street Address (P.O. Box Number is Not Acceptable)

2300 CORAL WAY

SUITE # 200

City

MIAMI

FL

Zip Code

33145

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, typed or printed name of registered agent and title if applicable.

AMADA CANTERA LOPEZ, PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/00

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, 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

TITLE PD  
NAME LOPEZ, GUSTAVO  
STREET ADDRESS 1783 SW 3RD AVE  
CITY-ST-ZIP MIAMI, FL 33129

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUSTAVO LOPEZ, PRES.

5-1-00

Date

Daytime Phone #

CR2E034 (9/99)