6/28/00

2000 UNIFORM BUSINESS REPORT (UBR)

06-06-2000 90011 007 ***150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 28 AM 9:28

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DOCUMENT # P99000102744

1. Entity Name

SKIN TREATS, INC.

Principal Place of Business
1280 S. ALHAMBRA CIR.
2212
CORAL GABLES, FL. 33146

Mailing Address
1280 S. ALHAMBRA Circle
2212
CORAL GABLES, FL 33146

2. Principal Place of Business

Suite, Apt. #, etc.
2212

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number N/Applicable — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEATRIZ MATTHEWS
1280 S. ALHAMBRA CIRCLE
UNIT 2212
CORAL GABLES

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

~~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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT BEATRIZ MATTHEWS 1280 S. ALHAMBRA CIRCLE # 2212 CORAL GABLES, FL. 33146 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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6/28

CR2E034 (9/99)

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: B. Matthews — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/00 — Date

305-668-9616 — Daytime Phone #

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