2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
04-24-2001 90017 034 ***150.00

643767

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000034961

1. Entity Name
LASTING LOOKS PERMANENT MAKEUP, INC.

Principal Place of Business	Mailing Address
1657 S. KIRKMAN ROAD. STE. 160 ORLANDO FL 32811	1657 S. KIRKMAN ROAD. STE. 160 ORLANDO FL 32811

2. Principal Place of Business		3. Mailing Address	
358 HIGHBROOKE BLVD.		358 HIGHBROOKE BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: OCOEE, FL		City & State: OCOEE, FL	
Zip: 34767	Country: ORANGE	Zip: 34767	Country: ORANGE

4. FEI Number 59-3515614 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCIVER, LAURA KAY
1657 S. KIRKMAN ROAD, STE. 160
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

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

City OCOEE FL Zip Code 34767

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, 2001 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	DP MCIVER, LAURA K 1657 S KIRKMAN RD STE 162 ORLANDO FL 32811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 358 HIGHBROOKE BLVD. OCOEE, FL 34767	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: LAURA MCIVER, PRESIDENT [signature] 4/19/01 407-298-1843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #