

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90009 042 ***150.00

DOCUMENT # P00000039149

1. Entity Name

PIKASSO LASER HAIR REMOVAL, INC.

Principal Place of Business

1736 VAN BUREN STREET
HOLLYWOOD FL 33020

Mailing Address

1445 ATLANTIC SHORES BLVD.
-208-
HALLANDALE FL 33009

2. Principal Place of Business

1647 HOLLYWOOD BLVD.

3. Mailing Address

1647 HOLLYWOOD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HOLLYWOOD FLA 33020

HOLLYWOOD FLA 33020

City & State

City & State

Zip
33020

Country

Zip
33020

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1002649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CADRIN, CAROLYN
1736 VAN BUREN STREET
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name
CAROLYN CADRIN
Street Address (P.O. Box Number is Not Acceptable)
1647 HOLLYWOOD BLVD.
HOLLYWOOD FLA
City
FL Zip Code
33020

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

Carolyn Cadrin (CAROLYN CADRIN)

1-18-02

(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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD CADRIN, CAROLYN 1736 VAN BUREN STREET HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NAULT, DORIS O 1736 VAN BUREN STREET HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1647 HOLLYWOOD BLVD HOLLYWOOD FLA 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1647 HOLLYWOOD BLVD HOLLYWOOD FLA 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Carolyn Cadrin (CAROLYN CADRIN)
-Pres.

Date

Daytime Phone #

CR2E034 (9/01)