

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90026 044 \*\*\*158.75

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DOCUMENT # K02597

1. Entity Name  
**SANDA GANE ESTHETIQUE SALON, INC.**

**A.B.A. SANDA GANE S.F.F.**

Principal Place of Business Mailing Address  
**12783 W FOREST HILLS BLVD 12783 W FOREST HILLS BLVD**  
**WELLINGTON FL 33414 WELLINGTON FL 33414**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0017762**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GANE, SANDA**  
**12783 W FOREST HILLS BLVD.**  
**WELLINGTON FL 33414**

Name **SANDA LOSI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12783 G. W. FOREST HILLS BLVD.**  
 City **WELLINGTON** FL Zip Code **33414**

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 *Sandra Loni*

DATE **01/05/2002**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete  
 NAME **GANE, SANDRA**  
 STREET ADDRESS **12783 G W FOREST HILLS BLVD**  
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **SANDA LOSI**  
 STREET ADDRESS **12783 G. W. FOREST HILLS BLVD.**  
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **CEO** ☒ Delete  
 NAME **LOSI, GUGLIELMO**  
 STREET ADDRESS **12783 G W FOREST HILLS BLVD**  
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition  
 NAME **ANA MARIA GANE**  
 STREET ADDRESS **12783 G. W. FOREST HILLS BLVD**  
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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: *Sandra Loni*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/05/2002 561790050

CR2E034 (9/01)