

2001 UNIFORM BUSINESS REPORT (UBR)

0014948 AF

DOCUMENT # L00000003213

1. Entity Name
BEAUTY TECHNOLOGY, L.C.

FILED

01 JUN 13 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7098 BERACASA WAY
BOCA RATON FL 33433

Mailing Address

7098 BERACASA WAY
BOCA RATON FL 33433



DO NOT WRITE IN THIS SPACE

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Del...

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LELAND, LESLIE
7098 BERACASA WAY
BOCA RATON FL 33433

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

6/7/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEMBER
LESLIE LELAND-VASDA
7098 BERACASA WAY
BOCA RATON, FL 33433

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEMBER
ALAN LELAND
7098 BERACASA WAY
BOCA RATON, FL 33433

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700004422777-8
-06/15/01--01073--010
*****50.00 *****50.00

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

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☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6/7/01

CR2E083 (11/00)