

2001 UNIFORM BUSINESS REPORT (UBR)

0014263 AF

DOCUMENT # L00000006983

1. Entity Name
PALM BEACH AESTHETIC INSTITUTE, L.L.C.

FILED

01 MAR 15 PM 3: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
SUITE 201
5602 PGA BOULEVARD
PALM BEACH GARDENS FL 33418

Mailing Address
SUITE 201
5602 PGA BOULEVARD
PALM BEACH GARDENS FL 33418

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
65-1019898

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAY M. LERNER, D.D.S., P.A.
5602 PGA BOULEVARD, SUITE 201
PALM BEACH GARDENS FL 33418

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

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
MGRM
LERNER, JAY M
5602 PGA BOULEVARD, SUITE 201
PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700003891217--9
-03/21/01--01105--012
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARTEL, VICTOR
1620 SOUTH CONGRESS AVENUE, SUITE 102
PALM SPRINGS FL 33461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 of 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

3-12-01 561-627-5000

Date

Daytime Phone #

CR2E083 (11/00)