

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

0382744
 AV

03-18-2002 90090 018 ***150.00

DOCUMENT # P00000045308

1. Entity Name

PERMANENT MAKE UP SERVICES BY YVONNE, INC.

Principal Place of Business

753 SIESTA KEY CIRCLE
 SUITE 1627
 DEERFIELD BEACH FL 33441

Mailing Address

753 SIESTA KEY CIRCLE
 SUITE 1627
 DEERFIELD BEACH FL 33441



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

833 SIESTA KEY DRIVE

Suite, Apt. #, etc.

822

Deerfield Beach, FL

3. Mailing Address

833 SIESTA KEY DRIVE

Suite, Apt. #, etc.

822

Deerfield Beach, FL

City & State

Country

33441

USA

City & State

Country

33441

USA

4. FEI Number

65-1005302

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

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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.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSTD
CALLURGOS, YVONNE
753 SIESTA KEY CIRCLE
DEERFIELD BEACH FL 33441

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ELLIOTT, YVONNE
833 SIESTA KEY DRIVE #822
Deerfield Beach, FL 33441

☒ Change

☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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☐ 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 or empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 426-3802

CR2E034 (9/01)