

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052730

1. Entity Name

GABY'S BEAUTY AND HEALTH CORPORATION

Principal Place of Business

8260 WEST FLAGLER STREET SUITE 2M  
MIAMI FL 33144-2069

Mailing Address

8260 WEST FLAGLER STREET SUITE 2M  
MIAMI FL 33144-2069

2. Principal Place of Business

711 SW 111 Way  
Suite, Apt. #, etc.  
102  
City & State  
Pembroke Pines, FL

3. Mailing Address

Same as 2  
Suite, Apt. #, etc.

Zip  
33025  
Country  
USA

City & State

Zip  
Country

4. FEI Number

05-1017230

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

GERSTEIN, WILLIAM  
GERSTEIN & GERSTEIN  
1300 NORTH FEDERAL HIGHWAY SUITE 203  
BOCA RATON FL 33431

Name  
William Valencia

Street Address (P.O. Box Number is Not Acceptable)  
711 SW 111 Way #102

City  
Pembroke Pines FL Zip Code  
33025

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 *William Valencia*

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DPST VALENCIA, WILLIAM 8260 WEST FLAGLER STREET SUITE 2M MIAMI FL 33144-2069	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Valencia William 711 SW 111 Way #102 Pembroke Pines FL 33025	<input checked="" 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
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: *William Valencia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-2001

Date

Daytime Phone #

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90006 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)