

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**  
 05-21-2002 90852 007 \*\*\*150.00

**DOCUMENT # P00000052730**

1. Entity Name  
**GABY'S BEAUTY AND HEALTH CORPORATION**

Principal Place of Business

711 SW 111 WAY  
 #102  
 PEMBROKE PINES FL 33025  
 US

Mailing Address

711 SW 111 WAY  
 #102  
 PEMBROKE PINES FL 33025  
 US

2. Principal Place of Business

**577 SW 111 Lane**

3. Mailing Address

**577 SW 111 Lane**

Suite, Apt. #, etc.

**# 202**

Suite, Apt. #, etc.

**Apt 202**

City & State

**Pembroke Pines FL**

City & State

**Pembroke Pines**

Zip

**33025**

Country

**U.S.A.**

Zip

**33025**

Country

**USA**

4. FEI Number

**65-1017230**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

**908044**



6. Name and Address of Current Registered Agent

**VALENCIA, WILLIAM**

**711 SW 111 WAY**

**#102**

**PEMBROKE PINES FL 33025**

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)

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

TITLE **DPST**  
 NAME **VALENCIA, WILLIAM**  
 STREET ADDRESS **711 SW 111 WAY #102**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST**  
 NAME **VALENCIA, WILLIAM**  
 STREET ADDRESS **577 SW 111 Lane # 202**  
 CITY-ST-ZIP **Pembroke Pines FL 33025**

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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

**4-22-2002 9544420273**

Date

Daytime Phone #

CR2E034 (9/01)