

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055078

1. Entity Name

SMOOTH SENSATIONS HAIR & SKIN CENTER, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90168 013 ***150.00

Principal Place of Business

5041 CITY STREET
UNIT 1713
ORLANDO FL 32839

Mailing Address

5041 CITY STREET
UNIT 1713
ORLANDO FL 32839

2. Principal Place of Business

7802 Kingspointe Parkway

3. Mailing Address

7802 Kingspointe Parkway

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

Suite 210

City & State

Orlando FL

City & State

Orlando FL

Zip

32819

Country

USA

Zip

32819

Country

USA

4. FEI Number

59-3651287

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)

☒

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

TITLE PD
NAME SHUH, MONSON MD
STREET ADDRESS 5041 CITY STREET
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

TITLE STD
NAME ESSLINGER, DAWN L
STREET ADDRESS 5041 CITY STREET
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Monson Shuh, MD
STREET ADDRESS 5041 City Street #1713
CITY-ST-ZIP Orlando FL 32839 ☒ Change ☐ Addition

TITLE STD
NAME Dawn Esslinger
STREET ADDRESS 5041 City Street #1713
CITY-ST-ZIP Orlando, FL 32839 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: Dawn Esslinger (Dawn Esslinger)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-2001 407-226-3396

CR2E034 (10/00)