

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State
 03-26-2002 90072 024 ***150.00

DOCUMENT # P00000055078

1. Entity Name

SMOOTH SENSATIONS HAIR & SKIN CENTER, INC.

Principal Place of Business

**7802 KINSPOINTE PARKWAY
 SUITE 210
 ORLANDO FL 32819**

Mailing Address

**7802 KINSPOINTE PARKWAY
 SUITE 210
 ORLANDO FL 32819**

2. Principal Place of Business

7802 Kingspointe Parkway

Suite, Apt. #, etc.

Suite 207-A

City & State

Orlando FL

Zip
32819

Country

USA

3. Mailing Address

7802 Kingspointe Parkway

Suite, Apt. #, etc.

Suite 207-A

City & State

Orlando FL

Zip
32819

Country

USA



DO NOT WRITE IN THIS SPACE

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 **Monson Shuh, M.D.**

Street Address (P.O. Box Number is Not Acceptable)

7802 Kingspointe Parkway

Suite 207-A

City

Orlando

FL

Zip Code

32819

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

Monson Shuh

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-13-02

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, 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 **PD** ☐ Delete
 NAME **SHUH, MONSON MD**
 STREET ADDRESS **5041 CITY STREET #1713**
 CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **STD** ☐ Delete
 NAME **ESSLINGER, DAWN L**
 STREET ADDRESS **5041 CITY STREET #1713**
 CITY-ST-ZIP **ORLANDO FL 32839**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **Shuh, Monson MD**
 STREET ADDRESS **14209 Jabot Lane**
 CITY-ST-ZIP **Orlando FL 32837**

TITLE **STD** ☒ Change ☐ Addition
 NAME **Esslinger, Dawn L**
 STREET ADDRESS **14209 Jabot Lane**
 CITY-ST-ZIP **Orlando FL 32837**

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

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

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

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

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-02 407-226-3396
 Date Daytime Phone #

CR2E034 (9/01)