

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

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

05-15-2001 90151 039 ***150.00

DOCUMENT # P00000109492

1. Entity Name

INNERVISION BEAUTY & WELLNESS CORP

Principal Place of Business

Mailing Address

PO BOX 22152
 LAKE BUENA VISTA FL 32830

PO BOX 22152
 LAKE BUENA VISTA FL 32830

2. Principal Place of Business

31 TROPY LANE

3. Mailing Address

PO Box 22152

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

LAKE BUENA VISTA FL

Zip

34759

Country

United States

Zip

32830

Country

United States

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FLESHER, NANCY
 229 ALMA ST
 KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

Name **CAROL RASHEED**

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

31 TROPY LANE

City **Kissimmee**

FL

Zip Code **34759**

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

Carol Rasheed - President/owner 5-1-01

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

(NOTE: Registered Agent signature required when re-issuing)

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / OWNER CAROL RASHEED 31 TROPY LANE KISSIMMEE FL 34759	☐ 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
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 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
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)(c), 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 807, 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:

Carol Rasheed

Signature typed or printed name of signing officer or director

5-1-01

Date

407-846-0562

Daytime Phone

CR2E004 (10/00)

6/20/01 - 1:10 PM -

Attachment

9173 #P00000010
9442

SS-4

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

FIN

OF 11/94

Please type or print clearly.

INNERVISION BEAUTY & WELLNESS

CAROL RASHEED

4a Mailing address (street address or P.O. box)
PO BOX 22152

5a Business address (street address or P.O. box)
31 TRUPTY LANE

4b City or town, state, and ZIP code
LAKE BUENA VISTA 32830

5b City or town, state, and ZIP code
KISSIMMEE FL 34759

6 Name of principal office, general office, or principal place of business
BROAD OSGEOA, FLORIDA

7 Name of principal officer, general partner, proprietor, or owner (if individual)
CAROL RASHEED - 263-91-0661 SS#

8a Name of the business (if different from 7)

Caution: If applying for a Federal tax identification number, see instructions.

9a Type of organization (check one)
☐ Sole proprietorship
☐ Partnership
☐ Limited liability company (LLC)
☒ Corporation
☐ Trust
☐ Estate
☐ Church, synagogue, or other religious organization
☐ Government agency
☐ Other (specify):

10 Country of origin (check one)
☒ United STATES
☐ Foreign country

11a Is the business a subsidiary of a corporation or other entity?
☒ Yes
☐ No

11b If yes, name of the parent entity (check one)
☐ Corporation
☐ Partnership
☐ Limited liability company (LLC)
☐ Trust
☐ Estate
☐ Church, synagogue, or other religious organization
☐ Government agency
☐ Other (specify):

12 Date of formation (month and year)
11/2000

13a Primary business activity (check one)
☒ Consulting
☐ Retail trade
☐ Wholesale trade
☐ Manufacturing
☐ Construction
☐ Transportation and warehousing
☐ Information
☐ Health care
☐ Education
☐ Arts, entertainment, and recreation
☐ Accommodation and food services
☐ Other (specify):

14a Is the business a sole proprietorship?
☐ Yes
☒ No

15a Is the business a partnership?
☐ Yes
☒ No

16a Is the business a limited liability company (LLC)?
☐ Yes
☒ No

17a Is the business a corporation?
☒ Yes
☐ No

17b If yes, name of the corporation (check one)
☒ Network BEAUTY inc
☐ Network BEAUTY INC

17c Approximate date when and day of the week when the business began operations
8/4/95 Kissimmee, Florida

59 326322
Business telephone number (include area code)
407 846-0562
Fax telephone number (include area code)