

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000045896

1. Entity Name

CESNAM-CENTRO DE ESTETICA Y SALUD  
NUEVO AMENECER, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7910 WEST DRIVE

3. Mailing Address

7910 WEST DRIVE

Suite, Apt. #, etc.

APT. 205

Suite, Apt. #, etc.

APT. 205

City & State

NORTH BAY VILLAGE, FL

City & State

NORTH BAY VILLAGE, FL

Zip

33141

Country

USA

Zip

33141

Country

USA

4. FEI Number

65-1101566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

NELLY ROQUE

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

7910 WEST DRIVE, APT. 205

City

NORTH BAY VILLAGE

FL

Zip Code

33141

**DO NOT WRITE  
IN THIS SPACE**

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.

NELLY ROQUE, PRESIDENT

12-1-02

(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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NELLY ROQUE  
7910 WEST DRIVE, APT. 205  
NORTH BAY VILLAGE, FL 33141

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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 on an attachment with an address, with all other fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NELLY ROQUE, PRESIDENT

Date

12-1-02

Daytime Phone #

305-372-2380

FILED

02 DEC 19 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)