

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jul 10, 2002 8:00 am
Secretary of State

05-24-2002 91316 049 ***150.00

DOCUMENT # P01000050267

1. Entity Name
EUROPEAN AMERICAN ESTHETIC MEDECINE & NUTRITION CORP

Principal Place of Business
 1001 NORTH FEDERAL HIGHWAY
 SUITE 201
 HALLANDALE FL 33009

Mailing Address
 1001 NORTH FEDERAL HIGHWAY
 SUITE 201
 HALLANDALE FL 33009

38466



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1107096

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEDUC, REJEAN
 1001 NORTH FEDERAL HIGHWAY
 SUITE 201
 HALLANDALE FL 33009

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 _____ DATE _____
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COLONNEAUX, STEVE 1001 NORTH FEDERAL HIGHWAY SUITE 202 HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

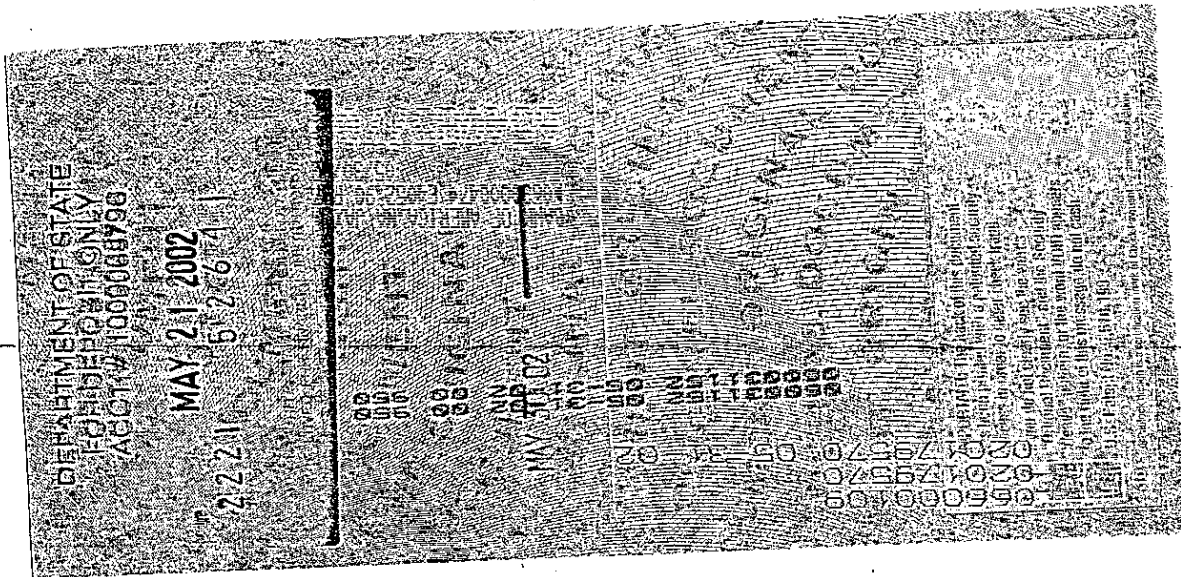
COLONNEAUX STEVE 04/29/02.

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
PO1000050267
38466



USA DIRECT CORP
1001 NORTH FEDERAL HWY., SUITE 202
HALLANDALE, FL 33009
020179570 1505 0425 02

Pay to the Order of Department of State \$ 150.00
One Hundred Fifty Dollars

Desjardins
Desjardins Federal Savings Bank
1001 East Hallandale Beach Blvd.
Hallandale Beach, Florida 33009

For Doc# PO1000050267

⑆ 2670900601 130 00 16005375 ⑆ 1767 000000 15000 ⑆

GUARDIAN SAFETY BLUE WOOL

Attachment
38466

E.A.E.M.N. corp

European American Esthetic Medecine & Nutrition Corp
1001 N. Federal Hwy Ste# 201
Hallandale, FL 33009

June 30th, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference Number: P01000050267

Please find enclosed the Annual Uniform Business Report with Block four (4) corrected specifying our Federal Employer Identification Number along with a copy of the check.

Please reinstate our corporation as soon as possible.

Thank you,

Steeve Colonneaux / nr

Steeve Colonneaux / nr



Attachment
38466

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 2, 2002

EUROPEAN AMERICAN ESTHETIC MEDECINE & NUTRITION CORP
1001 NORTH FEDERAL HIGHWAY
SUITE 201
HALLANDALE, FL 33009

Subject: EUROPEAN AMERICAN ESTHETIC MEDECINE & NUTRITION CORP

Reference Number: P01000050267

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jn

ANNUAL REPORTS SECTION