

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2002 8:00 am
Secretary of State
 08-08-2002 90093 024 ***150.00

DOCUMENT # P01000092750

1. Entity Name
NEW LOOK SHINE INC.

Principal Place of Business

**6300 TIDEWAVE STREET
 ORLANDO FL 32822**

Mailing Address

**6300 TIDEWAVE STREET
 ORLANDO FL 32822**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3745 107

Applied For

Not Applicable

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

**GARCIA, JACINTO
 6300 TIDEWAVE STREET
 ORLANDO FL 32822**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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	D GARCIA, JACINTO 6300 TIDEWAVE STREET ORLANDO FL 32822	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, NORMA 6300 TIDEWAVE STREET ORLANDO FL 32822	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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

011802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

973426

FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

July 23, 2002

JACINTO GARCIA
6300 TIDEWAVE STREET
ORLANDO, FL. 32822

FEI Number: 59-3745107
Form: UBR
Document #: P01000092750

THIS LETTER IS IN REFERENCE TO THE NOTICE YOUR OFFICE SENT TO MY CORPORATION. I NEVER RECEIVED A LETTER OR NOTICE OF RENOVATION FOR MY COMPANY. I AM ASKING FOR YOUR OFFICE TO CANCEL THE PENALTY AS A RESULT OF THIS. I AM SENDING \$150.00 FOR THE RENOVATIONS FEE. I HOPE THIS MIX-UP CAN BE RESOLVED. THANK YOU IN ADVANCE FOR YOUR COOPERATION IN THIS MATTER.

Sincerely,
Jacinto Garcia