

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90175 036 \*\*\*150.00

**DOCUMENT # P01000103408**

1. Entity Name  
**"L'EXCELLENCE" BEAUTY SALON CORPORATION**



Principal Place of Business  
**411 SE MIZNER BLVD STE 72  
BOCA RATON FL 33432**

Mailing Address  
**411 SE MIZNER BLVD STE 72  
BOCA RATON FL 33432**

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 **65-1149842**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**PIGUET, GILLONE  
3420 BANKS ROAD STE 202  
MARGATE FL 33063**

**7. Name and Address of New Registered Agent**

Name  
**VICTORIA R. VOS SAVANT**

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

**184 Golf Village Boulevard**

City **JUPITER, FL** Zip Code **33458**

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 **VOS SAVANT, VICTORIA R.**

**11-13-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **PIGUET, GILLONE**  
STREET ADDRESS **19588 SATURNIA LAKES DR**  
CITY-ST-ZIP **BOCA RATON FL 33063**

TITLE **D** ☐ Delete  
NAME **TOLEDANO, KAREN**  
STREET ADDRESS **19588 SATURNIA LAKES DR**  
CITY-ST-ZIP **BOCA RATON FL 33063**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **Owner. President.** ☒ Change ☐ Addition  
NAME **VICTORIA VOS SAVANT**  
STREET ADDRESS **184 Golf Village Boulevard**  
CITY-ST-ZIP **JUPITER, FL 33458**

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **VICTORIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-13-03 (561)416-4161**

Date

Daytime Phone #

CR2E034 (10/02)