

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90074 019 ***150.00

DOCUMENT # P02000027136

1. Entity Name
FRANCE ESTHETICS, INC



Principal Place of Business
**10650 N.E. 10TH CT
MIAMI SHORES FL 33138**

Mailing Address
**10650 N.E. 10TH CT
MIAMI SHORES FL 33138**

30004431



2. Principal Place of Business
**1717 N. BAYSHORE DR
Suite, Apt. #, etc.
APT 3744**

3. Mailing Address
**1717 N. BAYSHORE DR
Suite, Apt. #, etc.
APT 3744**

City & State
MIAMI, Florida

City & State
MIAMI, Florida

Zip
33132

Country
U.S.A.

Zip
33132

Country
U.S.A.

4. FEI Number
30-0055149

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

**ROBIN, ANGELIQUE
10650 N.E. 10TH CT
MIAMI SHORES FL 33138**

**ROBIN ANGELIQUE
1717 N. BAYSHORE DR
APT 3744
MIAMI, FL 33132**

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/13/2003

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 PD	<input checked="" type="checkbox"/> Delete
NAME ROBIN, ANGELIQUE	
STREET ADDRESS 10650 N.E. 10TH CT	
CITY-ST-ZIP MIAMI SHORES FL 33138	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBIN Angelique	
STREET ADDRESS 1717 N. Bayshore dr	
CITY-ST-ZIP APT 3744 MIAMI, FL 33132	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 persons empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/2003

Date

Daytime Phone #

(786) 286 6911

CR2E034 (10/02)