

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90434 049 ***150.00

DOCUMENT # **PD2000033911** ✓

1. Entity Name

VENUS WEIGHT LOSS CENTER OF DANIA



DO NOT WRITE IN THIS SPACE

80088652

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

430 SE 7th ST. # 204E

Suite, Apt. #, etc.

204E

City & State

DANIA FL

Zip **33004**

Country **USA**

3. Mailing Address

430 SE 7th ST # 204E

Suite, Apt. #, etc.

204E

City & State

DANIA FL

Zip **33004**

Country **BROWARD**

4. FEI Number

01-0672130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

TOVAR, ILEANA ARIAS ESQ.

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

1725 MAIN ST.

SUITE 205

City **WESTON**

FL

Zip Code

33326

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

SIGNATURE **TOVAR, ILEANA ARIAS ESQ.**

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

(NOTE: Registered Agent signature required when reinstating)

04/17/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D CRESPO, NELSON 430 SE 7th ST. #204E DANIA FL 33004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowers.

SIGNATURE:

Nelson Crespo **NELSON CRESPO**

04/18/03

Date

954-8017155

Daytime Phone #