

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-21-2003 90203 017 ***150.00

DOCUMENT # P02000041849

1. Entity Name
ABSOLUTE PARIS OF DELRAY, INC.



Principal Place of Business
**710 E. ATLANTIC AVE.
DELRAY BCH FL 33483**

Mailing Address
**710 E. ATLANTIC AVE.
DELRAY BCH FL 33483**



2. Principal Place of Business

710 E. ATLANTIC AVE

3. Mailing Address

710 E ATLANTIC AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DELRAY BCH FL

City & State
DELRAY BCH FL

Zip
33483

Country
USA

Zip
33483

Country
USA

4. FEI Number

010 666 227

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICHARD S. PILLINGER, P.A.
3300 UNIVERSITY DR., SUITE 901
CORAL SPRINGS FL 33065**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORESH, LISA 710 E. ATLANTIC AVE. DELRAY BCH FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/02)

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

SIGNATURE: **Lisa Horesh** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03

Date

561 330 3032

Daytime Phone #