

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

FILED

03 NOV 18 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000065597

1. Entity Name

PERESET LOOK, Inc.



DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3736 SW 50th ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE

City & State

Zip

33312

Country

US

Zip

Country

4. FEI Number

04-3686691

Applied Fee

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ABRAHAM KALKA

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

3736 SW 50th ST

City

FT. LAUDERDALE

FL

Zip Code

33312

**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

[Signature]

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

(If "I," Registered Agent's signature required when replacing)

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
First Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<u>ABRAHAM KALKA</u> <u>3736 SW 50th ST</u> <u>FT. LAUDERDALE, FL 33312</u>
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<u>800024773808</u> <u>11/18/03-01015-004 **150.00</u>
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**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0345 (1/2/02)

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PERFECT LOOK, INC.
3736 SW 50TH STREET
FT. LAUDERDALE, FL 33312

November, 14 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: PERFECT LOOK, Inc

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the renewal form due a change in the address. The penalty will create a hardship for my business and I ask that you please waive it.

Enclosed is my reinstatement form with my fee of \$150.00 for the year 2003.

Thank you very much for you help and understanding.

Sincerely,

Avraham Malka

