

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000002229

1. Entity Name

A NEW VIEW OF YOU, INC. ✓

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90083 046 \*\*\*150.00

Principal Place of Business

109 NW 20<sup>th</sup> STREET  
SUITE C-266  
BOCA RATON, FL 33431

Mailing Address

450 NE 20<sup>th</sup> STREET  
SUITE 113  
BOCA RATON, FL 33431

2. Principal Place of Business

3. Mailing Address

P.O. Box 1423

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FL

4. FEI Number

65-0379003

Applied For

Not Applicable

Zip

Country

Zip

Country

33429-1423

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DP  
RAZZARI, MARISA J.  
274 NE 24<sup>th</sup> COURT  
BOCA RATON, FL 33431  
SS # 053-50-9749

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
RAZZARI, MARISA J.  
274 NE 24<sup>th</sup> COURT  
BOCA RATON, FL 33431  
☐ Delete  
SS # 053-50-9749

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

MARISA J. RAZZARI, PRESIDENT

Date

Daytime Phone #

3/28/00 (561) 393-6187

CR2E034 (9/99)