

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90187 043 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000039110

1. Entity Name
NEW VANITY, INC.



Principal Place of Business
**1428 WEST PERRY STREET
LANTANA, FL 33462**

Mailing Address
**1428 WEST PERRY STREET
LANTANA, FL 33462**

90058608

2. Principal Place of Business
6759 High Ridge Rd
Suite, Apt. #, etc.

3. Mailing Address
6759 High Ridge Rd
Suite, Apt. #, etc.

City & State
Lantana, FL

City & State
LANTANA, FL

4. FEI Number
65-0419416

Applied For
☐ Not Applicable

Zip
33462

Country
USA

Zip
33462

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SANTIAGO, CANDIDO D
1428 WEST PERRY STREET
LANTANA, FL 33462**

NEW Address only.

Name
Street Address (P.O. Box Number is Not Acceptable)
6759 High Ridge Road

City
LANTANA

FL Zip Code
33462

7. Name and Address of New Registered Agent

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 must appear when withdrawing)

DATE

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
**P&DT
SANTIAGO, CANDIDO D
1428 WEST PERRY STREET
LANTANA, FL 33462** ☐ Delete **6759 High Ridge Rd**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
SANTIAGO, SHARON
6759 HIGH RIDGE RD
LANTANA, FL 33462** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/02

Date

56-582-5950

Corporate Phone #

CR2E034 (10/02)