

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000015707

1. Entity Name

L'ESTIQUE NAIL & SKIN CARE SALON, INC.

FILED

May 07, 2000 8:00 am
Secretary of State

05-07-2000 90022 009 ***150.00

Principal Place of Business

Mailing Address

65 HWY 1
PALM BEACH FL 33408

531 65 HWY 1
STE A
N. PALM BEACH FL 33408
US

2. Principal Place of Business

3. Mailing Address

531 US Hwy #1
Suite, Apt. #, etc.

531 US Hwy 1
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0472361

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TANCIA, MARI
700 US HWY 1
NPB FL 33408

Name

MARI TANCIG

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

531 US Hwy #1

City

NORTH PALM Bch

FL

Zip Code

33408

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 PD
NAME TANCIG, MARI A
STREET ADDRESS 531 US HWY 1
CITY-ST-ZIP NO PALM BCH FL 33408

☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)