

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000059646

1. Entity Name

PERFECT 10 II, INC.

Principal Place of Business

5436 FOX HOLLOW DR.  
BOCA RATON FL 33486

Mailing Address

5436 FOX HOLLOW DR.  
BOCA RATON FL 33486

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0514401

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GROSS, ESTA  
5436 FOX HOLLOW DR.  
BOCA RATON FL 33486

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.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GROSS, ESTA  
CITY-ST-ZIP 5436 FOX HOLLOW DR.  
BOCA RATON FL 33486

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: A

*Esta Gross*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 11, 2000 561-486-0222*  
Date Daytime Phone #

FILED  
Jul 20, 2000 8:00 am  
Secretary of State

07-20-2000 90014 012 \*\*\*150.00

00000413



DO NOT WRITE IN THIS SPACE

PG 4000059646 (Att. Schmit)

AUG 6 8 47 3

5436 Fox Hollow Drive  
Boca Raton, FL 33486  
July 11, 2000

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To whom it may concern:

Pursuant to my phone conversation today with a representative from your office I am writing this letter to inform you that I never received the first notice of the 2000 Uniform Business Report.

The individual on the phone instructed me to fill out the enclosed form (which arrived on Saturday) along with a \$150 check payable to Department of State.

I do not believe that I should have to pay the \$400 because I never received the first notice. Thank you for your cooperation.

Very truly yours,

Esta Gross  
Perfect 10