

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

DOCUMENT # P94000059646

1. Entity Name
PERFECT 10 II, INC.

07-12-2001 90076 001 ***150.00
 07-12-2001 90076 002 *****8.75

Principal Place of Business Mailing Address
5436 FOX HOLLOW DR. 5436 FOX HOLLOW DR.
BOCA RATON FL 33486 BOCA RATON FL 33486

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0514401**

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

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

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 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

ESTA GROSS PRES.

MSM

561-488-0223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0082958 AV

CR2E034 (5/01)

Attachment

#P9400005964

5436 Fox Hollow Drive
Boca Raton, FL 33486
July 6, 2001

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

Corporate Document Examiner

Dear Suzanne N.

Pursuant to my phone conversation today, I am writing this letter to inform you that I never received the first notice of the 2001 Uniform Business Report.

As per your instructions, I am enclosing the form (that arrived Tues. July 3) along with a check in the amount of \$150 payable to the Department of State.

I do not believe that I should have to pay the \$400 penalty because as we discussed in 18 years of business, I have never been delinquent in any tax responsibility! As I stated, I did not receive the first notice.

Thank you, Suzanne, for your cooperation.

Very truly yours,

Esta Gross, Perpet 1011