

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90201 010 ***150.00

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 AV

DOCUMENT # P95000004642

1. Entity Name
VIS A VIS SALON, INC.

Principal Place of Business Mailing Address
2401 PGA BLVD., STE. 262 2401 PGA BLVD., STE. 262
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
70 Spyglass Way

City & State City & State
Palm Bch Gdns FL 33418 PALM BCH

4. FEI Number **65-0551298** Applied For
 Not Applicable

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
MARZORATI, GIANLUIGI A Name **MARZORATI JOHN A**
2401 PGA BLVD., STE. 262 Street Address (P.O. Box Number is Not Acceptable)
PALM BEACH GARDENS FL 33410 **70 Spyglass Way**
 City **Palm Bch Gdns FL** Zip Code **33418**

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 **John Marzorati** **JOHN MARZORATI** **3/10/02**
 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. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	D	<input checked="" type="checkbox"/> Delete	TITLE	MARZORATI John A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARZORATI, GIANLUIGI A		NAME	70 SPYGLASS WAY	
STREET ADDRESS	70 SPYGLASS WAY		STREET ADDRESS	70 SPYGLASS WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		CITY-ST-ZIP	Palm Bch Gdns FL 33418	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARZORATI, MARIA G		NAME		
STREET ADDRESS	70 SPYGLASS WAY		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **John Marzorati** **JOHN MARZORATI** **3/10/02** **694-6178**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)