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

## Aug 18, 2003 8:00 am Secretary of State P95000041419 DOCUMENT # 08-18-2003 90168 010 \*\*\*150.00 1. Entity Name ADVANCED ESTHETICS CLINIC, INC. Principal Place of Business Mailing Address 991 A EAST OAKLAND PK BLVD 991 A EAST OAKLAND PK BLVD FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0616291 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DA SILVA, OLYMPIO C Street Address (P.O. Box Number is Not Acceptable) 432 SE 20TH ST **APT #10** FT LAUDERDALE FL 33316-2843 City Zin 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550,00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ∴ "OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Detete TITLE ☐ Addition DA SILVA, OLYMPIO C.L. NAME NAME 3345 NE 32 ST STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if

SIGNATURE:

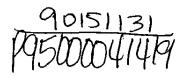
changed, or on an attachment with

other like empowered.

Daytime Phone #

**FILED** 

## attachment



ADVANCE ESTHETICS CLINIC, INC. 991 A EAST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33334 (954) 568-5001

August 15, 2003

DIVISION OF CORPORATIONS\ PO BOX 6327 Tallahassee, FI 32314

To whom it may concern:

Please find the enclosed signed uniform business report for 2003. Please also find our check for \$150 as payment in full.

PLEASE NOTE THAT WE DID NOT RECEIVE THIS FORM IN THE MAIL PREVIOUS TO THIS

My accountant informs me that this form was due on 4/30/03. However we did not receive this form.

Please note that this is our first offense, and English is not my first language. Please abate all penalties and interest

I you have any questions, please do not hesitate to contact me.

Thank you

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