

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000055958

1. Entity Name

FEMESSENTIALS, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90254 018 \*\*\*150.00

LUUUUUUU



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

139 NW 88TH WAY  
CORAL SPRGS FL 33071  
US

934 UNIVERSITY DR #141  
CORAL SPRGS FL 33071-7029  
US

2. Principal Place of Business

1395 Sunset Strip

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

4. FEI Number

65-0594870

Applied For

Not Applicable

Zip

33313

Country

US

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

DONNA DIMARCO  
139 NW 88TH WAY  
CORAL SPRGS FL 33071

Name DONNA DIMARCO

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

531 N. OCEAN BLVD.  
#704

City Pompano Beach

FL

Zip Code 33062

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 PT ☐ Delete  
NAME JASON CORY KYECK  
STREET ADDRESS 204 THREE ISLANDS BLVD #101  
CITY-ST-ZIP HALLANDALE FL 33309

TITLE ☒ Change ☐ Addition  
NAME JASON CORY KYECK  
STREET ADDRESS 20350 W. County Club Dr Apt 101  
CITY-ST-ZIP Aventura, FL 33180

TITLE VP ☐ Delete  
NAME DONNA L DIMARCO  
STREET ADDRESS 20200 W. COUNTY CLUB DR/#2  
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☒ Change ☐ Addition  
NAME DONNA L DIMARCO  
STREET ADDRESS 531 N. OCEAN BLVD #704  
CITY-ST-ZIP Pompano Beach, FL 33062

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00 954-797-7213  
Date Daytime Phone #

CR2E034 (9/99)