

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047504

1. Entity Name

AESTHETIC SURGERY CLINIQUE OF PALM BEACH, INC.

FILED

Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90008 044 ***150.00

Principal Place of Business

Mailing Address

535 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

535 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33401-5903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0683420

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

CRAFT, JEROME W
535 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

Name

Betsy A. Mascaro

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 \$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 P
NAME CRAFT, JEROME W. M.D.
STREET ADDRESS 535 SO. FLAGLER DR.
CITY-ST-ZIP W. PALM BCH FL

☒ Delete

TITLE PSTD
NAME Joanne Craft
STREET ADDRESS 535 S. Flagler Drive
CITY-ST-ZIP W. P. Beach, FL 33401

☒ Change ☐ Addition

TITLE D
NAME CROFT, JOANNA
STREET ADDRESS 535 S. FLAGLER DR
CITY-ST-ZIP W. PALM BEACH FL 33401

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Jerome W. Craft M.D. CRAFT M.D.

1-30-00

561-8350359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)