

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

996 0000 47504

1. Entity Name

AESTHETIC SURGERY CLINIQUE OF PALM BEACH, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 14 AM 8:20

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

Zip

Country

Zip

Country

4. FEI Number

65-0683420

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

Mascaro, Betsy A.
840 US Hwy one Suite 415
NORTH PALM BEACH, FL 33408

Name

JOANNE CRAFT

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

535 South Flagler Drive

City

West Palm Beach

FL

Zip Code

33401

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

Joanne Craft

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

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

JOANNE T. CRAFT

STREET ADDRESS

535 SO. FLAGLER DR.

CITY-ST-ZIP

W. PALM BCH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change ☐ Addition ☐

TITLE

NAME

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Change ☐ Addition ☐

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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)(f), 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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joanne Craft

4-30-01

561-6593366