

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059612

1. Entity Name
CONTOS ESTHETICS, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90210 047 ***150.00

Principal Place of Business

6830 TOWN HARBOR BLVD.
#3511
BOCA RATON FL 33433
US

Mailing Address

6830 TOWN HARBOR BLVD.
#3511
BOCA RATON FL 33433
US

2. Principal Place of Business

3201 EMERALD POINTE DR. 3201 EMERALD POINTE DR.
Suite, Apt. #, etc. Suite, Apt. #, etc.
110-B # 110-B

3. Mailing Address

3201 EMERALD POINTE DR.
Suite, Apt. #, etc. Suite, Apt. #, etc.
110-B # 110-B



DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

4. FEI Number 65-0687805

Applied For

Not Applicable

Zip

33021-053

Country

USA

Zip

33021-1353

Country

USA

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

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVE.
STE. 200
TALLAHASSEE FL 32302

Name

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, 2001 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 CONTOS, JAMES G
STREET ADDRESS 6830 TOWN HARBOR BLVD., #3511
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

JAMES G. CONTOS PRES
4.26.01

Date Daytime Phone #

954-942-6373

CR2E034 (10/00)