

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061766

1. Entity Name

LE PARASOL, SKIN AND BODY, INC.

FILED

Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90005 010 ***150.00

Principal Place of Business

Mailing Address

~~3845 BEE RIDGE RD~~ **SARASOTA FL 34233**
SWE CHANGES

~~3845 BEE RIDGE RD~~ **SARASOTA FL 34243-2024**

2. Principal Place of Business

2401 UNIVERSITY PARKWAY

3. Mailing Address

2401 UNIVERSITY PARKWAY

Suite, Apt. #, etc.

SUITE 204

Suite, Apt. #, etc.

SUITE 204

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34243

Country

SARASOTA

Zip

34243

Country

SARASOTA

4. FEI Number

65-0699286

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAARREJA, MINDY ESQ
C/O BUSH ROSS GARDENER WARREN & RUTH
220 S FRANKLIN STREET
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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, 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

TITLE **PD** ☐ Delete
NAME **RENARD, ANDRE**
STREET ADDRESS **~~3845 BEE RIDGE ROAD~~**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **VPST** ☐ Delete
NAME **WHIMORE-RENARD, CAROL**
STREET ADDRESS **~~3845 BEE RIDGE ROAD~~**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2401 UNIVERSITY PARKWAY, SUITE 204**
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2401 UNIVERSITY PARKWAY, SUITE 204**
CITY-ST-ZIP **SARASOTA, FL 34243**

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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

Date

Daytime Phone #

CP2E034 (9/99)