

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064487

1. Entity Name

URSULA LESNIEWSKI, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90096 043 ***150.00

Principal Place of Business

Mailing Address

ETER COPPOLA SALON
6100 GLADES RD
BOCA RATON FL 33434
US

URSULA LESNIEWSKI
23303 SUNVIEW WAY
BOCA RATON FL 33428
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

URSULA LESNIEWSKI

11596 KENSINGTON CT

BOCA RATON, FL

33428

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0685361

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

LESNIEWSKI, URSULA
23303 SUNVIEW WAY
BOCA RATON FL 33428

Name

LESNIEWSKI, URSULA

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

11596 KENSINGTON CT

City

BOCA RATON, FL

FL

Zip Code

33428

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

Ursula Lesniewski

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

(NOTE: Registered Agent signature required when reinstating)

02.24.01

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 D
NAME LESNIEWSKI, URSULA
STREET ADDRESS 23303 SUNVIEW WAY
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE D
NAME LESNIEWSKI, URSULA
STREET ADDRESS 11596 KENSINGTON CT
CITY-ST-ZIP BOCA RATON, FL 33428 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Ursula Lesniewski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.24.01

Date

Daytime Phone #

CR2E034 (10/00)