

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012065

1. Entity Name

NEW HORIZONS CENTER FOR COSMETIC SURGERY, INC.

FILED
May 21, 2000 8:00 am
Secretary of State

05-21-2000 90002 028 ***150.00

Principal Place of Business Mailing Address
 220 SW 84TH AVE SUITE 203 PLANTATION FL 33324
 220 SW 84TH AVE SUITE 203 PLANTATION FL 33324-2755

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 65-0820428 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

CONWAY, ANTOINETTE
 220 SW 84TH AVE
 SUITE 203
 PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
 NAME EISENSTADT, STEVEN DR.
 STREET ADDRESS 220 SW 84TH AVE SUITE 203
 CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

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

TITLE ☐ Delete
 NAME
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 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 607.01(1), Florida Statutes, and that my signature shall have the same effect as if I were 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 in 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

PLEASE SIGN & DATE

4/28/00 (951) 236-9633
 Date Daytime Phone #

CR2E034 (9/99)