

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051966

1. Entity Name

LASER HAIR REMOVAL, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90269 044 ***150.00

Principal Place of Business

Mailing Address

6802-A NORTH ARMENIA AVE.
TAMPA FL 33604

6802-A NORTH ARMENIA AVE.
TAMPA FL 33604-5718



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3457767

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GOMEZ, GUILLERMO
430 RIVERHILLS DRIVE
TEMPLE TERRACE FL 33617

Name

IRENO LUIS

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

4814 N. GOMEZ AVE.

City

TAMPA

FL

Zip Code

33614

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.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating).

DATE

4/26/00

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 LUIS, IRENO
STREET ADDRESS 4814 NORTH GOMEZ
CITY-ST-ZIP TAMPA FL 33614 ☐ Delete

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

TITLE C
NAME PENA, MAX RAFAEL
STREET ADDRESS 7820 NORTH ARMENIA
CITY-ST-ZIP TAMPA FL 33604 ☐ Delete

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

TITLE T
NAME GOMEZ, GUILLERMO
STREET ADDRESS 430 RIVERHILLS DRIVE
CITY-ST-ZIP TEMPLE TERRACE FL ☐ Delete

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

TITLE S
NAME HABER, MICHAEL
STREET ADDRESS 1714 CARNEGIE CIRCLE
CITY-ST-ZIP TAMPA FL 33619 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 (813) 930-8827

CR2E034 (9/99)