

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90802 006 \*\*\*150.00

**DOCUMENT # P97000054134**

1. Entity Name  
**THE FLORIDIAN DAY SPA AND SKIN CARE INSTITUTE, I**

*P*

**18846**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**7100 WEST 20TH AVENUE  
 SUITE 110 PALMETTO MEDICAL PLAZA  
 HIALEAH FL 33016**

Mailing Address  
**7100 WEST 20TH AVENUE  
 SUITE 110 PALMETTO MEDICAL PLAZA  
 HIALEAH FL 33016**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0771530**  
 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

**BALUJA, ISABEL  
 7160 W 20TH AVE #M-133  
 FLORIDIAN DAY SPA & SKIN CARE  
 HIALEAH FL 33016**

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 *Isabel Baluja* (NOTE: Registered Agent signature required when reinstating) DATE **7-18-00**

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 \$550.00  
 After SEPTEMBER 13, 2000 Min. will be \$750.00  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BALUJA, ISABEL 7100 WEST 20TH AVENUE HIALEAH FL 33016</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD GARCIA, ONELIO MD 7100 WEST 20TH AVENUE HIALEAH FL 33016</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Isabel Baluja* Date **7-18-00** Daytime Phone #

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THE FLORIDIAN DAY SPA & SKIN CARE INSTITUTE INC. 7160 W. 20TH AVE., STE. M133 HIALEAH, FL 33018		2001	835053	63-9059 / 2670
DATE <u>3-24-00</u>				
PAY TO THE ORDER OF <u>Department of State</u>				
<u>One hundred fifty</u>				
FOR <u>FEI # 05-0711530</u>				
BankUnited PRIVATE COLLECTION GROUP MEMBER FDIC		0750: 2801		
040263707 1521 4420 19 00005-00				
DOLLARS				
MP				
1100200111 12670905941		050900240411		
		11000001500011		

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DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT# 1009068796

APR 17 2000

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NY -100

NATIONSBANK MAY 05/04/00  
0630000474 E0499 98 124

0140400012

066000109  
040263707  
040263707 05-05-00

070025517 05-05-00

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**FLORIDIAN DAY SPA AND SKIN CARE INSTITUTE, INC.**  
**7160 WEST 20 AVENUE, SUITE M-133**  
**HIALEAH, FL 33016**  
**305-828-5300**

July 18, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32303-1500

Ref: Document P97000054134  
The Floridian Day Spa and Skin Care Institute, Inc.  
F.E.I # 65-0771530

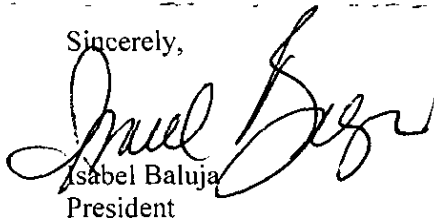
Dear Sir or Madam:

Enclosed please find copy of filing report document with signature, also enclosed is a copy of the check # 2001 mailed along with the original report for filing back in March 2000, payable to Department of State.

I have signed the form again and mailing you the copy of the check which was cashed on April 17, 2000. Please accept this form with the original date of the filing, which was back on 3-24-00 in the amount of \$150.00.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

  
Isabel Baluja  
President