

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104177

1. Entity Name

PREMIERE CENTER FOR COSMETIC SURGERY OF WESTON,

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90163 028 ***150.00

Principal Place of Business

1865 N. C. LAKES BLVD
STE. 2
WESTON, FL 33326
US

Mailing Address

3370 MARY STREET
COCONUT GROVE FL 33133-5215

2. Principal Place of Business

2665 Executive Park Drive
Suite, Apt. #, etc.

3. Mailing Address

2665 Executive Park Drive
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Weston Florida

City & State

Weston Florida

4. FEI Number

65-0860477

Applied For

Not Applicable

Zip

33331

Country

USA

Zip

33331

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEARL, MARC
3370 MARY STREET
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name PEARL, MARC

Street Address (P.O. Box Number is Not Acceptable)
2665 Executive Park Drive

City Weston

FL

Zip Code 33331

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] MARC H. PEARL, President

4/12/00

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 D ☐ Delete
NAME PEARL, MARC H
STREET ADDRESS 3370 MARY STREET
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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
CITY-ST-ZIP

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

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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] MARC H. PEARL

4/12/00

(954) 389-3729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)