

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004617

1. Entity Name

SKIN CARE BY KAREN LEEVEE, INC.

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

05-15-2000 90144 015 ***150.00

Principal Place of Business

7707 N UNIVERSITY DR. #203-A
TAMARAC FL 33321

Mailing Address

7707 N UNIVERSITY DR. #203-A
TAMARAC FL 33321-2921

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0805237

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUBROW DUKER & ASSOCIATES, P.A.
2840 UNIVERSITY DR
CORAL SPRINGS FL 33065

Name **KAREN LEEVEE**

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

7707 N. UNIVERSITY DR #203A

City **TAMARAC**

FL

Zip Code **33321**

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

KAREN LEEVEE

(NOTE: Registered Agent signature required when reinstating)

4-3-00

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** ☐ Delete
NAME **LEEVEE, KAREN**
STREET ADDRESS **7707 N UNIVERSITY DR, #203-A**
CITY-ST-ZIP **TAMARAC FL 33321**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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: *Karen Levee* **KAREN LEEVEE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-00 **954-722-4404**
Date Daytime Phone #