FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90043 009 ***150.00

DOCUMENT # P98000026567

1. Entity Name

ESSENCE SALON & DAY SPA, INC.

20022727

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
515 N. Park Avenue	515 N. Park Avenue
Suite, Apt. #, etc.: Ste. 114	Suite, Apt. #, etc.: Ste. 114
City & State: Winter Park, FL	City & State: Winter Park, FL
Zip: 32789 Country: US	Zip: 32789 Country: US

4. FEI Number: 59-3544538 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Blanch Torres

Street Address (P.O. Box Number is Not Acceptable): 552 Pinesong Drive

City: Casselberry FL Zip Code: 32707

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Torres, Blanch V.
STREET ADDRESS	552 Pinesong Drive
CITY-ST-ZIP	Casselberry, FL 32707
TITLE	VP
NAME	Yebba, Aña
STREET ADDRESS	429 Terrace Drive
CITY-ST-ZIP	Oviedo, FL 32765
TITLE	S
NAME	Sirica, Maria
STREET ADDRESS	8424 Lost Lake Drive
CITY-ST-ZIP	Orlando, FL 32817
TITLE	
NAME	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria Sirica Sec. 1/31/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Blanch Torres Blanch V. Torres President 1/31/02

Maria Sirica V.P. 1/31/03