

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050182

1. Entity Name
LE SPA HEALTH & BEAUTY, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90086 007 ***150.00

Principal Place of Business 999 PONCE DE LEON BLVD SUITE 715 CORAL GABLES FL 33134	Mailing Address 999 PONCE DE LEON BLVD SUITE 715 CORAL GABLES FL 33134
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00009694



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0898254	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GRUSZKA, ANTHONY
999 PONCE DE LEON BLVD SUITE 715
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME GRUSZKA, ANTHONY	
STREET ADDRESS 999 PONCE DE LEON BLVD SUITE 715	
CITY-ST-ZIP CORAL GABLES FL 33134	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DIRECTOR/SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
JOSE I. PADIAL	
999 Ponce de Leon # 715	
CORAL GABLES, FL 33134	

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: **X Jose I. PADIAL** 1-11-01 (305) 443-8010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)