## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 11, 2000 8:00 am Secretary of State DOCUMENT # P98000095568 02-11-2000 90028 005 \*\*\*150.00 ELEGANT BEAUTY SPA, INC. Principal Place of Business Mailing Address 40 WESTWARD DR. 40 WESTWARD DR. MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166-5256 B0018146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0874883 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired ·Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JTL, INC. Street Address (P.O. Box Number is Not Acceptable) 7775 W-34 LN HIALEAH FL 33018 City 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE Change NAME NAME BURGOS, MARIA M STREET ADDRESS STREET ADDRESS 10900 S.W. 170 TERR. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Change (C) Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appowered.

SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BIRECTOR

7/00 305-285-3668

**FILED**