

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107176

1. Entity Name

AESTHETIC BODY CONTOURING, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90101 010 ***150.00

Principal Place of Business

Mailing Address

~~3850 SW 87 AVE. STE. 307~~
~~MIAMI FL 33165~~

~~3850 SW 87 AVE. STE. 307~~
~~MIAMI FL 33165-5474~~

2. Principal Place of Business

619 N.W. 12th AVE.

3. Mailing Address

619 N.W. 12th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number 65-0886901

Applied For

Not Applicable

Zip
33136

Country
USA

Zip
33136

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~AGUILERA, LOURDES~~
~~619 NW 12 AVE~~
~~MIAMI FL 33136~~

Name LAURA JEAN GELBER

Street Address (P.O. Box Number is Not Acceptable)
619 N.W. 12th AVENUE

City MIAMI

FL

Zip Code 33136

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 Laura Jean Gelber LAURA JEAN GELBER 04-03-00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P. GELBER, ELIOT D 3850 SW 87TH AVE #307 MIAMI FL 33165 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST GELBER, EDWARD C MD 3850 SW 87 AVE #307 MIAMI FL 33165 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 officers empowered.

SIGNATURE: Edward C. Gelber, M.D. EDWARD C. GELBER, M.D. (305) 207-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 04-03-00 Daytime Phone #

CFR2E034 (9/99)