

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State

06-21-2001 90002 029 ***150.00

DOCUMENT # P98000107176

1. Entity Name

AESTHETIC BODY CONTOURING, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

275 SOLANO PRADO

3. Mailing Address

275 SOLANO PRADO

Suite, Apt. #, etc.

Suite, Apt. #,

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

4. FEI Number

65-0886901

Applied For

Not Applicable

Zip

33156-2351

Country

U.S.A.

Zip

33156-2351

Country

U.S.A.

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

LAURA JEAN GELBER
 C/O MIAMI EYE CENTER, INC.
 619 NW 12TH AVE
 MIAMI FL 33136

Name LAURA JEAN GELBER

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

C/O MIAMI EYE CENTER, INC.

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

04-30-01

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, 2001 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 ☐ Delete
 NAME PRESIDENT
 STREET ADDRESS GELBER, ELIOT D.
 CITY-ST-ZIP 275 SOLANO PRADO
 CORAL GABLES, FL. 33156-2351

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

TITLE ☐ Delete
 NAME SECRETARY-TREASURER
 STREET ADDRESS GELBER, EDWARD C., M.D.
 CITY-ST-ZIP 275 SOLANO PRADO
 CORAL GABLES, FL. 33156-2351

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
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

Daytime Phone #