

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003244

1. Entity Name

KAZABELLA BEAUTY SPA, INC.

**FILED**  
**Mar 25, 2000 8:00 am**  
**Secretary of State**

03-25-2000 90010 036 \*\*\*150.00

Principal Place of Business

Mailing Address

1298 N.W. 85TH TERRACE  
CORAL SPRINGS FL 33071

1298 N.W. 85TH TERRACE  
CORAL SPRINGS FL 33071-6734

2. Principal Place of Business

6000 W. ATLANTIC BLVD.

Suite, Apt. #, etc.

3. Mailing Address

6000 W. ATLANTIC BLVD.

Suite, Apt. #, etc.

City & State

MARGATE, FL 33063

Zip

Country

City & State

MARGATE, FL

Zip

Country

33063

4. FEI Number

65-0886279

Applied For

Not Applicable

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

LEVINE, MARIA S

1298 N.W. 85TH TERRACE  
CORAL SPRINGS FL 33071

Name

LURECIA ALVAREZ

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

6000 W. ATLANTIC BLVD.

City

MARGATE, FL

FL

Zip Code

33063

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

*Lucricia Alvarez*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/00

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

TITLE D ☒ Delete  
NAME LEVINE, MARIA S  
STREET ADDRESS 1298 N.W. 85TH TERRACE  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE P ☐ Change ☒ Addition  
NAME LUCRECIA ALVAREZ  
STREET ADDRESS 6000 W. ATLANTIC BLVD.  
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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:

*Lucricia Alvarez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/21/00

Daytime Phone #

CR2E034 (9/99)