

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90070 037 ***150.00

DOCUMENT # P99000003244

1. Entity Name

KAZABELLA BEAUTY SPA, INC.

Principal Place of Business

Mailing Address

6000 W ATLANTIC BLVD
MARGATE FL 33063

6000 W ATLANTIC BLVD
MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

6000 W. Atlantic Blvd.

6000 W. Atlantic Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

No. 7

7

City & State

City & State

MARGATE, FL

MARGATE FL

Zip 33063

Country U.S.A.

Zip 33063

Country U.S.A.

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

ALVAREZ, LUCRECIA
6000 W ATLANTIC BLVD
MARGATE FL 33063

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

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 P
NAME ALVAREZ, LUCRECIA
STREET ADDRESS 6000 W ATLANTIC BLVD
CITY-ST-ZIP MARGATE FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Same

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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

Date

Daytime Phone #

3/15/01 (954) 974 8880

0126281

CR2E034 (10/00)