2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000019170 Sep 06, 2000 8:00 am Secretary of State 1. Entity Name DR. ROUX ELISIR, INC. 09-06-2000 90089 002 ***150.00 Mailing Address Principal Place of Business ISLAND ESTATES PARKWAY 58 ISLAND ESTATES PARKWAY PALM COAST FL 32137 PALM COAST FL 32137 TOUTUUT 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name B. PAUL KATZ, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) ATRIUM SUITE 1 FLORIDA PARK DRIVE SOUTH PALM COAST FL 32137 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 FILE NOW!!! FEE IS \$550.00' 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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 12. 11. **PSTD** Change ☐ Addition TITLE ☐ Delete TITLE ROUX, MICHEL NAME NAME STREET ADDRESS **58 ISLAND ESTATES PARKWAY** STREET ADDRESS PALM COAST FL 32137 CITY-ST-ZIP CITY-ST-ZIP n ☐ Delete TITLE ☐ Change ☐ Addition TITI F ROUX, KITTY NAME NAME 58 ISLAND ESTATES PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32137 CITY-ST-ZIP Change ☐ Addition Delete_ TITLE TITLE ROUX. MAX NAME NAME **58 ISLAND ESTATES PARKWAY** STREET ADDRESS STREET ADDRESS PALM COAST FL 32137 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

08.31.000 904. 44L-37 99

Daytime Phone #

attachment Doct. p99000019170 A0075351

ROBERT E. SCHROEDER, P.A.

Certified Public Accountant

One Florida Park Drive South Sun Trust Building Suite 211 Palm Coast, Florida 32137-3801 Telephone (904) 445-2400 Facsimile (904) 445-3215 E-mail bob@schroedercpa.com

August 31, 2000

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

Re: Dr. Roux Elisir, Inc. 2000 Uniform Business Report

Gentlemen:

I am writing to you on behalf of my client, Dr. Roux Elisir, Inc., and requesting that the penalty for late filing of their 2000 Uniform Business Report be waived. Our client never received the first mailing of the forms because their mailing address was entered as 59 rather than 58 Island Estates Parkway. Our client was unaware of the filing requirement as this was their first year of operations. In addition to the report and a check for \$150, I am enclosing the mailing label page of the second request for the report to support the fact that our client acted with reasonable cause and not with willful neglect. Please contact me if you need any additional documentation.

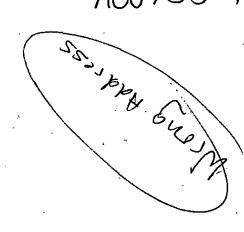
Thank You

Robert E. Schroeder

Cc: Michel Roux RES\drrouxubr

attachment NOCH : P99000019170 A0075351

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FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

P.O. Box 6327

Secretary of State Katherine Harris

Tallahassee, Florida 32314