## DOCUMENT # P99000062592

THE LASERWORKS HAIR REMOVAL CENTER, INC.

Principal Place of Business 2480 E. COMMERCIAL BLVD. STE 1 FORT LAUDERDALE FL 33308 Mailing Address

2480 E. COMMERCIAL BLVD.

STE 1

FORT LAUDERDALE FL 33308

2. Principal Place of Business 3. Mailing Address

## **FILED** Jan 23, 2001 8:00 am Secretary of State

01-23-2001 90114 028 \*\*\*150.00

AUUUUZYJ



Suite, Apt. #, etc.		Suite, Apt. #, etc.		1 10011001 (15 101110 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111		
				DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE	
City & State		City & State			pplied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
CLODIDA DEGICTEDED ACENTO INC						
FLORIDA REGISTERED AGENTS, INC. 1940 HARRISON STREET #203 HOLLYWOOD FL 33020			Street	Street Address (P.O. Box Number is Not Acceptable)		
			<u> </u>	70.000		
			City	FL Zip Cod	le	
The above nar	ned entity submits this stateme	ent for the purpose of char	ging its registered office	or registered agent, or both, in the State of Florida.		

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

(NOTE: Registered Agent signature required when reinstating)

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	$\neg$
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete ZUZCHIK, LEONARD 5975 N. FEDERAL HIGHWAY, #136 FT. LAUDERDALE FL 33308	NAME STREET ADDRESS CITY-ST-ZIP	2U2CH/K, LEONAND	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCULLY, MARIANNE 5975 N. FEDERAL HIGHWAY, #136 FT. LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCULLY MARIANNE SCHANGE Addition of the Additi	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additit	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	on

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