

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079322

1. Entity Name

IMAGE ENHANCEMENT INSTITUTE, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90113 012 ***150.00

Principal Place of Business

P O BOX 24471
OAKLAND PARK FL 33307

Mailing Address

P O BOX 24471
OAKLAND PARK FL 33307

HUU14001

2. Principal Place of Business

✓ 1920 E OAK PK BLVD

3. Mailing Address

✓ SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

✓ FT. LAUD. FL

City & State

✓ SAME

4. FEI Number

✓ 62-0953618

Applied For

Not Applicable

Zip

✓ 33306

Country

✓ BROWARD

Zip

✓

Country

✓

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

ALBANI, ANNETTE
5712 NE 16 AVE
FT LAUDERDALE FL 33334

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **ALBANI, ANNETTE**
STREET ADDRESS **5712 NE 15 AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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

8-29-00

954 3963701

CR2E034 (5/00)

attachment DOCH: P44000079322
M IMAGE
E ENHANCEMENT
INSTITUTE 40074887

August 29, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

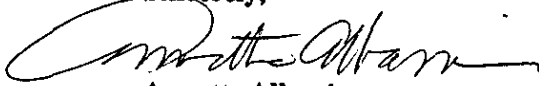
Re: Document #P99000079322

Dear Sir or Madam:

I have enclosed the completed 2000 Uniform Business Report with the payment of \$150.00. I have confirmed that the amount of \$550.00 is the fee for a late filing. I have to assume this is an error since I had never received any other 2000 UBR form to submit. Please accept my apologies for any inconvenience this may have caused.

Thank you in advance for your assistance in this matter. If there should be any questions please contact me at (954) 396-3700.

Sincerely,


Annette Albani

Cc: File