

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2001 8:00 am**  
**Secretary of State**  
09-11-2001 90005 047 \*\*\*550.00

**DOCUMENT # P99000088237**

1. Entity Name

**FORT LAUDERDALE AESTHETIC VEIN CLINIC, INC.**

Principal Place of Business

**1940 NE 47 STREET #1  
FORT LAUDERDALE FL 33308**

Mailing Address

**1940 NE 47 STREET #1  
FORT LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0957127**

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

**DAVIS, JAMES B**

**BERGER DAVIS & SINGERMANN**

**350 E LAS OLAS BLVD., #1000**

**FORT LAUDERDALE FL 33301**

Name

**JAMES B. DAVIS**

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

**500 E. BROWARD BLVD., #1400**

City

**FORT LAUDERDALE**

**FL**

Zip Code  
**33394**

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)

**9/5/01**

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 12, 2001 Fee 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/27/01**

Date

**(954) 771-3220**

Daytime Phone #

CR2E034 (5/01)



GUNSTER YOAKLEY

ATTORNEYS AT LAW

Attachment

A0084903

#P99000088237

Our File Number: 23392.09000

Writer's Direct Dial Number: 954-713-6431

Writer's E-Mail Address: [jdavis@gunster.com](mailto:jdavis@gunster.com)

September 5, 2001

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

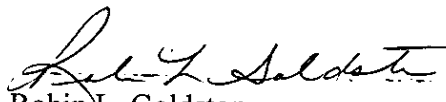
**Re: Fort Lauderdale Aesthetic Clinic, Inc.  
2001 Uniform Business Report**

Dear Sir or Madam:

Enclosed for filing are the 2001 Uniform Business Report for Fort Lauderdale Aesthetic Clinic, Inc., and check in the amount of \$550.00.

If you have any questions, please do not hesitate to call.

Sincerely,

  
Robin L. Goldston  
Paralegal

Encs.

cc: S. M. Habal, M.D. (w/enc.)  
James S. Welzien, C.P.A. (w/enc.)  
James B. Davis, Esq.

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