

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91576 041 ***150.00

DOCUMENT # P99000099618

1. Entity Name

ESTHETIC CONSULTING, INC.

Principal Place of Business

530 NORTH UNIVERSITY DRIVE

PMB 463

CORAL SPRINGS FL 33067-4626

Mailing Address

5016 NW 66 DRIVE

CORAL SPRINGS FL 33067

B0081414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6560 West Rogers Circle

3. Mailing Address

5016 NW 66 Dr

Suite, Apt. #, etc.

Suite 15

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

CORAL SPRINGS

Zip

33487

Country

US

Zip

33067

Country

US

4. FEI Number

65-0962752

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

D
10166 NW 17TH STREET
CORAL SPRINGS FL 33071

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, 2002 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 **D** ☐ Delete
 NAME **WINN, MARGIE**
 STREET ADDRESS **4630 NORTH UNIVERSITY DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ Change ☐ Addition
 NAME ~~Winn Margi~~
 STREET ADDRESS ~~5016 NW 66 DR~~
 CITY-ST-ZIP ~~CORAL SPRINGS FL 33~~

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **Winn Margi**
 STREET ADDRESS **4630 N. University Dr. (PMB 463)**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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:

Margi Winn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-850-2819

CR2E034 (9/01)