

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106661

1. Entity Name

COSMETIQUE PLASTIC SUGERY, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90102 041 ***150.00

Principal Place of Business

Mailing Address

9495 SUNSET DR..STE.B-150
MIAMI FL 33173

9495 SUNSET DR..STE.B-150
MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

24 WEST ENID DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE E

City & State

City & State

KEY BISCAYNE, FL

4. FEI Number

65-0976557

Applied For

Not Applicable

Zip

Country

33149

Country

USA

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

SCHIFF, BENJAMIN
1901 HARRISON ST.,STE.201
HOLLYWOOD FL 33020

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, 2000 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	HUNSAKEN, ROBERT H	24 W. ENID DR.,STE.E	KEY BISCAYNE FL 33149		D	HUNSAKER, ROBERT H	24 W. ENID DR., STE.E	KEYBISCAYNE, FL. 33149	
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

ROBERT H. HUNSAKER

3/3/00

Date

305-279-4700

Daytime Phone #