## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000106832 Aug 09, 2000 8:00 am 1. Entity Name Secretary of State Le Bonefont Salon & Spa, Inc. 08-09-2000 90080 017 \*\*\*150.00 Principal Place of Business Mailing Address 9391 W. Sample Road same Coral Springs; Florida 33065 3. Mailing Address 2. Principal Place of Business 3203 North State Road 7 3203 North State Road 7 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Coral Pointe Plaza Coral Pointe Plaza Applied For 4. FEI Number City & State City & State Not Applicable Margate, Florida 65-0966397 <u>Margate, Florida</u> Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 33063 Broward 33063 Broward 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent . Steven Serle, P.A. Eduardo Bonefont Street Address (P.O. Box Number is Not Acceptable) 3202 North State Road 7 2101 Corporate Blvd Suite 325 Coral Springs, JFL 33065 Coral Pointe Plaza Zip Code 33063 Margate 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax fiting requirement and elects to do so: After MAY 1: 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITI F ☐ Change Delete TITLE Mildred Bonefont NAME STREET ADDRESS 3203 North State Road 7 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Margate, Florida 33063 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME Eduardo Bonefont STREET ADDRESS STREET ADDRESS 3203 North State Road 7 CITY-ST-ZIP CITY-ST-ZIP Margate, Florida 33063 Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [ ] Change Addition TITLE TITLE ☐ Delete 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.

attachment pago00104832 D0076533

## Stuart M. Rotman, C.P.A., P.A.

4700 North State Road 7, Suite 208 Fort Lauderdale, Florida 33319-5804 Telephone (954)485-1200 Facsimile (954)485-5006

July 24, 2000

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

> Re: Le Bonefont Salon & Spa, Inc. Document #P99000106832 Form: Uniform Business Report

Period: Year 2000

## Dear Division of Corporations:

Due to an error on the part of the attorney who set up the corporation, a wrong address was used on the Articles of Incorporation. The Uniform Business Report was never received by this corporation for the year 2000. Since this was an inadvertent error, we ask that you waive the late penalty and update this client to active status.

Enclosed is a Uniform Business Report for the year 2000, along with a check for \$150.00. Please note the address correction on the form and update your records.

Please contact our office if you have any questions.

Very truly yours,

Stuart M. Rotman

Certified Public Accountant

SMR/tkh enclosures