

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110440

1. Entity Name
COSMETIC HAIR & VEIN REMOVAL CENTER, INC.

Principal Place of Business
2404 U.S. HWY 19
NEW PORT RICHEY FL 34691

Mailing Address
2404 U.S. HWY 19
NEW PORT RICHEY FL 34691

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6329 STATE RD 54

City & State

City & State

NEW PORT RICHEY FL

Zip

Country

Zip

34653

Country

USA

4. FEI Number 59-3614562

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

DHALIWAL, G.S. M.D.
6329 STATE ROAD 54
NEW PORT RICHEY FL 34653

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, 2001 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
PSD
DHALIWAL, GUNWANT S
6329 STATE ROAD 54
NEW PORT RICHEY FL 34653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
DHALIWAL, TEJINDER K
6329 STATE ROAD 54
NEW PORT RICHEY FL 34653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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Change
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

G.S. Dhalawal

1/10/01

727-844-5555

Date Daytime Phone #

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90011 030 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)