## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # \$97515** Feb 20, 2000 8:00 am 1. Entity Name **Secretary of State** FLORIDA VANITY CORP. 02-20-2000 90008 003 \*\*\*150.00 Principal Place of Business Mailing Address 11 CLUBHOUSE LANE 11 CLUBHOUSE LANE BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436-6056 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 04-2057028 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOORIS, J. JOSEPH Street Address (P.O. Box Number is Not Acceptable) 11-CLUBHOUSE LANE > **BOYNTON BEACH FL 33436** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE KOORIS, J. JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 11 CLUBHOUSE LN. CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** Addition ☐ Delete TITLE ☐ Change TITLE KOORIS, PHYLLIS NAME NAME STREET ADDRESS STREET ADDRESS 11 CLUBHOUSE LN. CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

3. 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.

CITY-ST-ZIP

AGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

1/19/2000

561-736-6220

Daytime Phone #