

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90107 003 ***150.00

DOCUMENT # **V69871**

1. Entity Name

PROFESSIONAL LASER CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

0360 S.W. 41 ST PLANE

Suite, Apt. #, etc.

3. Mailing Address

950 N. Federal Hwy

Suite, Apt. #, etc.

Suite 109

DO NOT WRITE IN THIS SPACE

City & State

DAVIE, FL

City & State

Pompano Beach

4. FEI Number

65-0375372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GEORGE E. EDWARDS, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

950 N. Federal Hwy., # 109

City

Pompano Beach

FL

Zip Code
33062

**DO NOT WRITE
IN THIS SPACE**

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

George Edwards

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Roy Bresky P/D/S
4050 N.E. 25th Ave
Lighthouse Point, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D/S

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Roy H. Bresky
Roy H. Bresky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/02

Date

Daytime Phone #

954-584-1074

CR2E034B (12/01)