2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 657717

1. Entity Name

HAIR GARDEN IS PUTTIN ON THE RITZ, INC.

FILED

00 AUG 10 PM 2:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
1248 SOUTH FEDERAL HIGHWAY FT LAUDERDALE FL 33316-2067	1248 SOUTH FEDERAL HIGHWAY FT LAUDERDALE FL 33316-2067

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1980683 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOCK, JATHLEEN J.
2640 WOODSIDE DR.
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

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

City, State, 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)

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 $[illegible]
After MAY 1, 2000 Fee will be [illegible]
Make Check Payable to Department [illegible]

10. Election Campaign Financing [illegible]

11. Trust Fund C[illegible]

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS/DIRECTORS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOCK, KATHLEEN J. 2640 WOODSIDE DR. FT. LAUDERDALE FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WITKOWSKI, JOSEPH P 1663 S.W. 28TH AVENUE FORT LAUDERDALE FL 33312 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete 000003367960--6 -08/23/00--01006--010 ****150.00 ****150.00	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☒ Addition

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: Kathleen J. Mock KATHLEEN J MOCK 4/2/00 954-763-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #