

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000001635

1. Entity Name

~~AVANTI HAIR SALON, INC.~~ *Manitome Hair Designs*

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90068 001 ***100.00
 02-14-2000 90068 002 ****50.00

Principal Place of Business

40 CURTISS PKWY.
 MIAMI SPRINGS FL 33166

Mailing Address

44 Bentley Dr
~~44 CURTISS PKWY~~
 MIAMI SPRINGS FL 33166-5219
 US

2. Principal Place of Business

44 Bentley Drive

3. Mailing Address

44 Bentley Drive



DO NOT WRITE IN THIS SPACE

City & State

Miami Springs, FL

City & State

Miami Springs, FL

4. FEI Number

65-0380836

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOME, CHRISTINA
~~40 CURTISS PKWY.~~ *44 Bentley Dr.*
 MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

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, 2000, 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
DPST	FLORES, MARITZA	40 CURTISS PKWY.	MIAMI SPRINGS FL 33166	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
<i>Vice President + Director</i>	<i>Christina Tome</i>	<i>44 Curtiss Bentley Drive</i>	<i>Miami Springs, FL 33166</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Vice President, Director</i>	<i>Manuel E. Tome</i>	<i>44 Bentley Drive</i>	<i>Miami Springs, FL 33166</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Christina Tome
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *V.P. + Director*

1/12/00 (305) 885-0121
 Daytime Phone #