

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**  
 02-28-2001 90076 012 \*\*\*150.00

DOCUMENT # P92000001635

1. Entity Name  
**MANITOME HAIR DESIGN, INC.**

UU020140



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>44 BENTLEY DRIVE          MIAMI SPRINGS FL 33166          US</b>	Mailing Address <b>44 BENTLEY DRIVE          MIAMI SPRINGS FL 33166          US</b>
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2. Principal Place of Business x <b>2115 Le Jeune Road</b> Suite, Apt. #, etc.	3. Mailing Address x <b>SAME</b> Suite, Apt. #, etc.
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City & State x <b>Coral Gables, FL</b>	City & State
Zip v <b>33134</b>	Country x <b>Dade</b>

4. FEI Number <b>65-0380836</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**TOME, CHRISTINA  
 44 BENTLEY DRIVE  
 MIAMI SPRINGS FL 33166**

7. Name and Address of New Registered Agent  
 Name **Manuel E Tome**  
 Street Address (P.O. Box Number is Not Acceptable)  
**403 SWALLOW DR #202**  
**M.I.A SPRINGS FL**  
**33166** FL Zip Code **33166**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida.  
 SIGNATURE **Manuel E Tome** DATE **2-5-2001**  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD TOME, CHRISTINA 44 BENTLEY DRIVE MIAMI SPRINGS FL 33166</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD TOME, MANUEL E 44 BENTLEY DRIVE MIAMI SPRINGS FL 33166</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSP Manuel E Tome</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>403 SWALLOW DR #202</b> <b>M.I.A SPRINGS FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Manuel E Tome** DATE **2-5-2001** DAYTIME PHONE # **442-2173**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)