2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 12, 2000 8:00 am Secretary of State DOCUMENT # **P9400060207** SIMPLY_BEST-STYLES,-INC-09-12-2000 90238 050 ***150.00 Mailing Address Principal Place of Business 1421 N.W. 40TH AVENUE 1421 N.W. 40TH AVENUE LAUDERHILL FL 33313 LAUDERHILL FL 33313 UARLOQUANU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0514828 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEGROS, MARCEL Street Address (P.O. Box Number is Not Acceptable) 1421 N.W. 40TH AVENUE LAUDERHILL FL 33313 Zip Code FL 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 FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. 12. ☐ Delete ☐ Change Addition TITLE TITLE LEGROS, MARCEL NAME NAME 1421 N.W. 40TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAUDERHILL FL 33313 ☐ Change ☐ Addition TITLE □ Delete TITLE LEGROS, PATRICE NAME NAME STREET ADDRESS 1421 N.W. 40TH AVENUE STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33313 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change [Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICES OR DI

9-5-00

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attachment p9400060207 P0076851

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To: whom it may concern FEI# 65-0514828 9-4-00 f attachmen pg 400060207 poo76851

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Simply Best Styles, INC Send a check

Simply Best Styles, INC Send a check

for: \$150 on April 14,00 check # 1324,

for: \$150 on April 14,00 check # 1324,

Including the 2000 Uniform Buainess

Including the 2000 Unif

Thank you, Marcel degres (954) 792-8031