

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90001 025 ***150.00

DOCUMENT # P94000075676

1. Entity Name

JOSTAL, INC.

R

Principal Place of Business

**21330 ST. ANDREWS BLVD
 BOCA RATON FL 33432**

Mailing Address

**21330 ST. ANDREWS BLVD
 BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0534632

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, STEVEN
 21330 ST. ANDREWS BLVD.
 BOCA RATON FL 33432**

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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	CIAMBRONE, JOHN R 1211 NW 4TH AVE. DELRAY BEACH FL 33444		
VD	HUSSEY, ALEX 6482 CONTEMPO LANE BOCA RATON FL 33433		
STD	JACKSON, STEVEN G 3449 PINE HAVEN CIRCLE BOCA RATON FL 33431		

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

the greenroom
salon



Attachment
D# 00100075676
D073649
21330 st. andrews blvd.
suite #220
boca raton, florida 33433
561 • 447 • 9506

July 18, 2000

Dear Sir or Madam:

Please find enclosed the U.B.R. form for the above mentioned business. I am enclosing a check for \$150.00. I did not receive the first form in the mail; therefore, I hope I do not have to pay the penalty of \$400.00. Thank you.

Sincerely,
Steven Jackson