

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90104 048 ***150.00

DOCUMENT # P96000091619

1. Entity Name

SIGNATURE SALONS OF FLORIDA, INC.

Principal Place of Business

**13650 N.W. 8TH STREET, SUITE 102
 SUNRISE FL 33325**

Mailing Address

**13650 N.W. 8TH STREET, SUITE 102
 SUNRISE FL 33325**

2. Principal Place of Business

5191 S. UNIVERSITY DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

City & State

4. FEI Number

65-0705899

Applied For

Not Applicable

Zip

33328

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DORSCH, DELORES S
 13650 N.W. 8TH STREET
 SUITE 102
 SUNRISE FL 33325**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORSCH, DELORES S 13650 N.W. 8TH STREET, SUITE 102 SUNRISE FL 33325	<input type="checkbox"/> Delete
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

954-846-0002

Daytime Phone #

CR2E034 (10/00)