

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084408

1. Entity Name

LINCOLN SALON, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90384 040 ***158.75

Principal Place of Business

Mailing Address

~~2021 LUCERNE AVE~~
~~MIAMI BEACH FL 33140~~

~~3700 COLLINS AVE #12-K~~
~~MIAMI BEACH FL 33140-2912~~

2. Principal Place of Business

2821 Lucerne Ave

3. Mailing Address

8341 Turtle Creek Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami Beach FL

Las Vegas, NV

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0808799

Applied For

Not Applicable

Zip

33140

Country

Zip

89113

Country

USA

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

SHIMOFF, IRVING

~~200 S BISCAYNE BLVD~~
~~SUITE 1050~~
 MIAMI FL

change of address only

Name

Street Address (P.O. Box Number is Not Acceptable)

100 S.E. 2nd St. #3920

City

Miami

FL

Zip Code

33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	KESSLER, APOLLONIA K	<i>change of address only</i>
STREET ADDRESS	5700 COLLINS AVE #12-K	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8341 Turtle Creek Circle	
CITY-ST-ZIP	Las Vegas, NV 89113	

TITLE	VDS	<input type="checkbox"/> Delete
NAME	KESSLER, EDWARD	<i>" " "</i>
STREET ADDRESS	5700 COLLINS AVE #12-K	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8341 Turtle Creek Circle	
CITY-ST-ZIP	Las Vegas, NV 89113	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 persons empowered.

SIGNATURE: *Apollonia K. Kessler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Apollonia K. Kessler

702
 4-24-00 257-0050
 Date Daytime Phone #

CR2E034 (9/99)