

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90007 010 ***150.00

0314716 AV

DOCUMENT # P97000092258

1. Entity Name
FRANCES HAIR STYLING, INC.

Principal Place of Business

**3815 N. ANDREWS AVE.
 OAKLAND PK FL 33309
 US**

Mailing Address

**3815 N. ANDREWS AVE.
 OAKLAND PK FL 33309
 US**

2. Principal Place of Business

**3815 N. Andrews Av.
 Suite, Apt. #, etc.**

3. Mailing Address

**3815, N. Andrews Av.
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Oakland Park

City & State

Oakland Pk. Fl.

4. FEI Number

65-0793815

Applied For

Not Applicable

Zip **33309**

Country **USA**

Zip **33309**

Country **U.S.A.**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ZOLAKHA FRANCIS
 8649 MIRAMAR PKY.
 MIRAMAR FL 33025**

7. Name and Address of New Registered Agent

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, 2002 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	DPST	<input type="checkbox"/> Delete
NAME	FRANCIS, ZOLAKHA	
STREET ADDRESS	8649 MIRAMAR PARKWAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: *Zolakha Francis*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-02 904-565-3080
 Date Daytime Phone #

CR2E034 (9/01)