## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

THRE AND TYPED OR PRINTED NAME OF SERNING OFFICER OR DIRECTOR

## May 16, 2001 8:00 am Secretary of State DOCUMENT # **P99000068352** 05-16-2001 90040 032 \*\*\*150.00 PAOLO HAIR STYLE, INC. Principal Place of Business Mailing Address 141 NE 3RD AVE, 6TH FLOOR 141 NE 3RD AVE. 6TH FLOOR MIAMI FL 33131 MIAMI FL 33131 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 65-0940103 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIANCO, PAOLO G Street Address (P.O. Box Number is Not Acceptable) 141 NE 3RD AVE, 6TH FLOOR **MIAMI FL 33131** City Zip Code this paternent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entire submi (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME PIANCO, PAOLO G NAME STREET ADDRESS STREET ADDRESS 141 NE 3RD AVE, 6TH FLOOR CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 et

Date

Daytime Phone #