

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90006 006 ***150.00

80021695

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000080674
1. Entity Name
 UNIVERSAL SALON, INC.

Principal Place of Business **Mailing Address**
 307 ATLANTIC AVENUE
 MIAMI BEACH, FLORIDA 33160

2. Principal Place of Business **3. Mailing Address**
 18737 W. DIXIE HIGHWAY 18737 W. DIXIE HIGHWAY
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 NORTH MIAMI BEACH, FL 33180 NORTH MIAMI BEACH, FL 33180

Zip **Country** **Zip** **Country**
 33180 USA 33180 USA

4. FEI Number 65-0951299 **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 STEVEN A. FRANKEL; P.A.
 307 ATLANTIC AVENUE
 MIAMI BEACH, FLORIDA 33160

7. Name and Address of New Registered Agent
Name BRIAN E. PORT
Street Address (P.O. Box Number is Not Acceptable)
 FROMBERG, PERLOW & KORNIK, P.A.
 20801 BISCAYNE BLVD., SUITE 505
City AVENTURA **FL** **Zip Code** 33180

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  **BRIAN E. PORT** **2/2/2000**
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 P/S/T/D NAME ALAN AMIEL STREET ADDRESS 307 ATLANTIC AVENUE CITY-ST-ZIP MIAMI BEACH, FLORIDA 33160	<input checked="" type="checkbox"/> Delete	TITLE P/S NAME RAN COHEN STREET ADDRESS 18737 W. DIXIE HIGHWAY CITY-ST-ZIP NORTH MIAMI BEACH, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE V/T NAME AVIVIT ELKAYAM STREET ADDRESS 18737 W. DIXIE HIGHWAY CITY-ST-ZIP NORTH MIAMI BEACH, FLORIDA 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:  **RAN COHEN** **2-4-00** **(305) 9331100**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/99)