

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90196 017 \*\*\*150.00

**DOCUMENT # P99000111430**

1. Entity Name

**HEAD HUNTERZ BARBER SHOP, INC.**

Principal Place of Business

Mailing Address

**2018 NORTHEAST 8TH STREET  
 HOMESTEAD FL 33033**

**2018 NORTHEAST 8TH STREET  
 HOMESTEAD FL 33033**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0976387**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

Name

**Leon Cummings**

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

**1440 Leon Ct.**

City

**Homestead**

**FL**

Zip Code

**33080**

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

*Leon Cummings*

**Leon Cummings**

**3/20/00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

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: **PSTD**  Delete  
 NAME: **PIQUE, ARTHUR**  
 STREET ADDRESS: **2018 NORTHEAST 8TH STREET**  
 CITY-ST-ZIP: **HOMESTEAD FL 33033**

TITLE: **PSTD**  Change  Addition  
 NAME: **Clements, Chevras**  
 STREET ADDRESS: **2018 North East 8th Street**  
 CITY-ST-ZIP: **Homestead Fl. 33033**

TITLE: **VD**  Delete  
 NAME: **KRAMER, ELSA**  
 STREET ADDRESS: **2018 NORTHEAST 8TH STREET**  
 CITY-ST-ZIP: **HOMESTEAD FL 33033**

TITLE: **VM**  Change  Addition  
 NAME: **Pique, Arthur**  
 STREET ADDRESS: **2018 North East 8th Street**  
 CITY-ST-ZIP: **Homestead Fl. 33033**

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  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 like empowered.

SIGNATURE: *Chevras Clements*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/00** (305) 245-3283  
 Date Daytime Phone #

CR2E034 (9/99)