

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114107

1. Entity Name

PAM'S ART AND HAIR STUDIO, INC.

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90005 028 ***158.75

Principal Place of Business

512 LUCERNE AVE
LAKE WORTH FL 33460

Mailing Address

512 LUCERNE AVE
LAKE WORTH FL 33460

2. Principal Place of Business

SAME AS ABOVE
512 LUCERNE AVE
Suite, Apt. #, etc.

3. Mailing Address

512 LUCERNE AVE
Suite, Apt. #, etc.

City & State

L.W., FLA

City & State

L.W., FLA

Zip

33460

Country

U.S.

Zip

33460

Country

U.S.

4. FFI Number

65-1058674

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

D'ANGELO, PAMELA J
512 LUCERNE AVE
LAKE WORTH FL 33460

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	D'ANGELO, PAMELA J	
STREET ADDRESS	512 LUCERNE AVE	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE:

Pamela J. D'Angelo (PAMELA J. D'ANGELO)

4/10/01 (561) 586-1982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)