

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90256 031 \*\*\*150.00

0007917 AT

**DOCUMENT #** P02000131692 ✓

**1. Entity Name**  
S & G HAIR SALON, INC.



**Principal Place of Business**  
2331 NORTH STATE RD. 7. SUITE 108B  
LAUDERHILL FL 33313

**Mailing Address**  
2331 NORTH STATE RD. 7. SUITE 108B  
LAUDERHILL FL 33313

**2. Principal Place of Business**  
Suite, Apt., Etc. *108B*

**3. Mailing Address**  
Suite, Apt., Etc. *108B*

**City & State**  
*Lauderlakes*

**City & State**  
*Lauderlakes*

**Zip** *33311* **Country** *Broward*

**Zip** *33311* **Country** *Broward*

**4. FEI Number** *51-0462410* Applied For  Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**GRANVILLE, SONIA**  
2331 NORTH STATE RD. 7, SUITE 108B  
LAUDERHILL FL 33313

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

\_\_\_\_\_

**9. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> Delete
NAME	<b>D GRANVILLE, SONIA</b>
STREET ADDRESS	<b>2331 NORTH STATE RD. 7, SUITE 108B</b>
CITY-ST-ZIP	<b>LAUDERHILL FL 33313</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. 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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
STREET ADDRESS	
CITY-ST-ZIP	

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CR2E034 (10/02)