

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 182553

1. Entity Name
MIAMI BARBER COLLEGE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90052 001 ***150.00

Principal Place of Business 220 MAIN STREET P O BOX 1367 MCCOMB MS 39648	Mailing Address 220 MAIN STREET P O BOX 1367 MCCOMB MS 39648-3924
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0728593**
Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, STEWART, JR
5110 W UNIVERSITY BLVD
JACKSONVILLE FL 32216

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	SMITH, STEWART A.	
STREET ADDRESS	220 MAIN STREET	
CITY-ST-ZIP	MCCOMB MS	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH AILEEN	
STREET ADDRESS	220 MAIN STREET	
CITY-ST-ZIP	MCCOMB FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH STEWART A. JR.	
STREET ADDRESS	5110 W UNIVERSITY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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: *Aileen B Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
Date

611-684-5345
Daytime Phone #

CR2E034 (9/99)