

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 359775

1. Entity Name

HAIR'M BEAUTY SALON, INC.

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

03-04-2000 90089 016 \*\*\*150.00

Principal Place of Business

872 N E 125TH ST  
NORTH MIAMI FL 33161

Mailing Address

872 N E 125TH ST  
NORTH MIAMI FLA 33161-5712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1291083

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

LEFFLER, JANICE B  
872 NE 125 ST  
MIAMI FL 33161

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, 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 V  
NAME LEFFLER, BRUCE  
STREET ADDRESS ~~1515 SW 19TH ST.~~  
CITY-ST-ZIP BOCA RATON FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8636 VIA GIARDINO  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE PD  
NAME LEFFLER, JANICE BATEMAN  
STREET ADDRESS ~~1515 SW 19TH ST.~~  
CITY-ST-ZIP BOCA RATON FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8636 VIA GIARDINO  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE D  
NAME BOLLES, MARSHA  
STREET ADDRESS 5989 BUENA VISTA COURT  
CITY-ST-ZIP BOCA RATON FL

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: *Janice Leffler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-00

Date

305 895-1502

Daytime Phone #

CR2E034 (9/99)