

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90089 006 ***158.75

DOCUMENT # 376457

1. Entity Name
IMPERIAL BEAUTY & BARBER SUPPLY, INC.

Principal Place of Business Mailing Address

6224 S.W. 8 ST.
 2450 SW 197 AVE STE 224
 MIAMI FL 33144
 US

4545 N.W. 7 ST.
 #12
~~MIAMI FL 33126-2352~~
 US

000040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6224 SW 8 St.

3. Mailing Address
6224 SW 8 St.

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip Country Zip Country

33144-4810 US 33144-4810 US

4. FEI Number Applied For

59-1346122 Not Applicable

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

6. Name and Address of Current Registered Agent

ROMAN, MARIO
6224 S.W. 8 ST.
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name **M. FRANKLYN ROMAN**

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

6224 SW 8 St.

City **MIAMI** State **FL** Zip Code **33144-4810**

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]* **M. FRANKLYN ROMAN** DATE **3/15/2000**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROMAN, MARIO	
STREET ADDRESS	6224 S.W. 8TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ROMAN, MARTHA	
STREET ADDRESS	6224 S.W. 8TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROMAN, MARIO FRANKLIN	
STREET ADDRESS	6224 S.W. 8TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROMAN, DARLENE A.	
STREET ADDRESS	6224 S.W. 8TH ST.	
CITY-ST-ZIP	MIAMI FL	
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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAN, MARIO	
STREET ADDRESS	6224 SW 8 St.	
CITY-ST-ZIP	MIAMI FL.	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M. FRANKLYN ROMAN	
STREET ADDRESS	6224 SW 8 St.	
CITY-ST-ZIP	MIAMI, FL. 33144-4810	
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		

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: *[Signature]* DATE **3/23/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRPE034 10/00