## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # 409405** 1. Entity Name MR. T'S BARBERS, LTD., INC. 01-25-2001 90157 034 \*\*\*150.00 Principal Place of Business Mailing Address 2084 HAVERHILL ROAD 2084 HAVERHILL ROAD WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 VUULI 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-1538901 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name D'ARGENIO, JOSEPHINE Street Address (P.O. Box Number is Not Acceptable) 2084 HAVERHILL ROAD WEST PALM BCH FL 33409 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DPTS Change Addition Delete TITLE TITLE D'ARGENIO, JOSEPHINE NAME STREET ADDRESS 2084 HAVERHILL ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Addition TITLE ☐ Delete Change D'ARGENIO, LUIS NAME NAME STREET ADDRESS 415 CHAPEL HILL BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** ☐ Addition TITLE Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

☐ Delete

01-07-200/ Date Daytime Phone #

☐ Change

☐ Addition