

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 460076

1. Entity Name

ARTURO'S BEAUTY SALON OF LAUDERDALE LAKES, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90097 046 ***150.00

Principal Place of Business

Mailing Address

1850 W OAKLAND PK
SUITE 112
LAUDERDALE LAKES FL 33313-7260
US

4850 W OAKLAND PARK DR
SUITE 112
LAUDERDALE LAKES FL 33313-7268
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4850 W. Oakland Pk. Blvd

3. Mailing Address

4850 W. Oakland Pk Blvd

Suite, Apt. #, etc.

Suite 112

Suite, Apt. #, etc.

Suite 112

City & State

Lauderdale Lakes, FL

City & State

Lauderdale Lakes FL

Zip

33313

Country

US

Zip

33313

Country

US

4. FEI Number

59-1578807

Applied For

Not Applicable

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

GOODMAN, ARTHUR
4850 W. OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33313

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 **P** ☐ Delete
NAME **GOODMAN, ARTHUR**
STREET ADDRESS **4850 W OAKLAND PARK BLVD**
CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00

Date

Daytime Phone #

484-3101

954-700-1111

CR2E034 (9/99)