

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State
 03-03-2002 90068 016 ***158.75

DOCUMENT # 521815

1. Entity Name

MANHATTAN BEAUTY SCHOOL, INC.

Principal Place of Business

**4315 S. MANHATTAN AVE.
 TAMPA FL 33611**

Mailing Address

**4315 S. MANHATTAN AVE.
 TAMPA FL 33611**

2. Principal Place of Business

1906 W. PLATT ST.

Suite, Apt. #, etc.

3. Mailing Address

1906 W. PLATT ST.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33606

Country

US

Zip

33606

Country

US

4. FEI Number

59-1731191

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**VALDEZ, ROBERT E SR
 4509 HENDERSON BLVD
 TAMPA, FL
 TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name

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

1101 Lake Charles Circle

City

Lutz

FL

Zip Code

33549

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, 2002 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 **P** ☐ Delete
 NAME **VALDEZ, ROBERT E SR.**
 STREET ADDRESS **4509 HENDERSON BLVD**
 CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☐ Delete
 NAME **VALDEZ, YVONNE**
 STREET ADDRESS **4509 HENDERSON BLVD.**
 CITY-ST-ZIP **TAMPA FL**

TITLE **ST** ☐ Delete
 NAME **VALDEZ, ROBERT E JR**
 STREET ADDRESS **4821 GLENAIRE CT**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **1101 Lake Charles Cir**
 STREET ADDRESS **Lutz, FL 33549**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **9105 Tudor Cay Dr. #205**
 STREET ADDRESS **Tampa, FL 33615**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **10517 Greensprings Dr.**
 STREET ADDRESS **Tampa, FL 33626**
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 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 1 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

Date

Daytime Phone #

Robert Valdez Jr. 2/18/02 813-258-0505

CR2E034 (9/01)