

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 01, 2000 8:00 am
Secretary of State

09-01-2000 90004 002 ***550.00

DOCUMENT # 641359

1. Entity Name
HOLIDAY HAIR FASHIONS, INC.

Principal Place of Business
6488 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33024

Mailing Address
6488 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33024

00082999



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1942043**

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

GOLDFEIN, STEVEN
6488 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name **NANCY GONZALEZ**
 Street Address (P.O. Box Number is Not Acceptable)
6488 HOLLYWOOD BLVD
HOLLYWOOD FL 33024
 City **HOLLYWOOD** **FL** Zip Code **33024**

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 **NANCY GONZALEZ PD.**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/15/00
 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PD** ☒ Delete
 NAME **GOLDFEIN, MR. STEVEN**
 STREET ADDRESS **1514 WHITEHALL DR #405**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33324**

TITLE **PD** ☒ Change ☐ Addition
 NAME **NANCY GONZALEZ**
 STREET ADDRESS **999 BRICKELL BAY DR #1202**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **D** ☒ Delete
 NAME **GOLDFEIN, MRS. NANCY**
 STREET ADDRESS **1514 WHITEHALL DR #405**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33324**

TITLE **V.P.** ☒ Change ☐ Addition
 NAME **ROSA M. FONTANA**
 STREET ADDRESS **999 BRICKELL BAY DR #431**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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: **NANCY GONZALEZ**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/00 (305) 776-5672
 Date Daytime Phone #

CT 14 (5/00)