

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 682282**

1. Entity Name

NEW CIRCLE BEAUTY SALON, INC.**FILED**
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90042 047 ***150.00

Principal Place of Business
1910 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Mailing Address
1910 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020-4524

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2030227**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**

MARIE, GENE
714 N. 42ND PLACE
HOLLYWOOD HILLS FL 33020

7. Name and Address of New Registered Agent

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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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MARIE, GENE
1714 N 42ND AVENUE
HOLLYWOOD HILLS FL

☐ Delete

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HOLLYWOOD HILLS FL

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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

Date

Daytime Phone #

954-921-9771