

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 690713

1. Entity Name

GREAT EXPECTATIONS PRECISION HAIRCUTTERS OF WEST

Principal Place of Business

Mailing Address

1665 W. 49TH STREET
HIALEAH FL 33012

6900 JERICHO TURNPIKE
SYOSSET NY 11791-4499
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

55439-2103

USA

4. FEI Number

11-2571422

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

GREAT EXPECATIONS PRECISION HAIRCUTTERS OF
UNIVERSITY MALL, INC.
7171 N. DAVIS HWY
PENSACOLA FL 32504

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	D	<input checked="" type="checkbox"/> Delete
NAME	MARCUS, MARVIN	
STREET ADDRESS	6900 JERICHO TURNPIKE	
CITY-ST-ZIP	SYOSSET NY 11791	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VONLIEBERMANN, DON	
STREET ADDRESS	6900 JERICHO TURNPIKE	
CITY-ST-ZIP	SYOSSET NY 11791	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BATES, LOUISE	
STREET ADDRESS	6900 JERICHO TURNPIKE	
CITY-ST-ZIP	SYOSSET NY 11791	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL FINKELSTEIN	
STREET ADDRESS	1201 METRO BOULEVARD	
CITY-ST-ZIP	MINNEAPOLIS, MN 55439	
TITLE	VIS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERT GROSS	
STREET ADDRESS	1201 METRO BOULEVARD	
CITY-ST-ZIP	MINNEAPOLIS, MN 55439	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARINIVAS KOLATKAR	
STREET ADDRESS	1201 METRO BOULEVARD	
CITY-ST-ZIP	MINNEAPOLIS, MN 55439	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

4-27-2000

Date

952/947-7777

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE