

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731417

1. Entity Name

FLORIDA COSMETOLOGY SCHOOLS ASSOCIATION, INC.

Principal Place of Business

4315 S MANHATTAN AVE  
TAMPA FL 33611  
US

Mailing Address

4315 S MANHATTAN AVE  
TAMPA FL 33611  
US

2. Principal Place of Business

1906 WEST PLATT ST

3. Mailing Address

(SAME) 1906 W PLATT ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FL

Zip

33606

Country

USA

Zip

33606

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2882229

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

Name

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

City

FL

Zip Code

RITTER, LOUIS H  
210 E PALM VALLEY ROAD  
PONTE VEDRA BEACH FL 32082

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD  
NAME ROBERT E. VALDEZ, SR. ☐ Delete  
STREET ADDRESS 4315 S MANHATTAN AVE  
CITY-ST-ZIP TAMPA FL

TITLE VD  
NAME ROBERT E. VALDEZ SR. ☒ Change ☐ Addition  
STREET ADDRESS 1906 W. PLATT ST.  
CITY-ST-ZIP TAMPA FL 33606

TITLE VD  
NAME STEWART SMITH ☐ Delete  
STREET ADDRESS 5110 UNIVERSITY BLVD., W., BUILDING C  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE VD  
NAME HOWARD P. TROUTMAN ☐ Delete  
STREET ADDRESS 2659 PARK STREET  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE VD  
NAME GARY WAGNER ☐ Delete  
STREET ADDRESS 5373 LENOX AVE  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE TD  
NAME WEINTRAUB, BYRON ☐ Delete  
STREET ADDRESS 2208 GULFGATE DR  
CITY-ST-ZIP SARASOTA FL 34231

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

TITLE SD  
NAME VICTOR DIMAIO ☐ Delete  
STREET ADDRESS 4315 MANHATTAN AVE  
CITY-ST-ZIP TAMPA FL

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

CR2E037 (9/01)