

**2000 UNIFORM BUSINESS REPORT (UBR)**

99 2000 AIR

APPROVED AND FILED

00 JAN 19 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00896  
1. Entity Name  
**Applause A Complete Hair Care Centers Inc**

Principal Place of Business Mailing Address  
**120 19 Ave NE (same)  
ST. Pete Florida 33704**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number **59-2039139** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Albanese, Nicholas A  
120 19 Ave NE  
St. Pete FL. 33704**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	<b>President / Treas</b>	<input type="checkbox"/> Delete
NAME	<b>Albanese, Nicholas A</b>	
STREET ADDRESS	<b>120 19 Ave NE</b>	
CITY-ST-ZIP	<b>ST Pete FL 33704</b>	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>100003142921--9</b>	
STREET ADDRESS	<b>-02/22/00--01053--001</b>	
CITY-ST-ZIP	<b>***300.00 ***300.00</b>	
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: *Nicholas Albanese* 1/17/00 727-895-3272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

1/17/00

(2)

To Whom It May Concern,

PS

This letter is to inform you that I didn't receive our annual report last year, as we sold our business and changed the location of our Corp. I forgot to send a change of address to you.

I hope you can reinstate us. If possible I realized that this would be a one time only waive fee.

Enclosed is a check for \$300.00.

\$150.00 for 1999.  
150.00 for 2000.

Thank you

Sincerely

Mich Albano

Nicholas Albanese