

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**  
 09-06-2001 90269 043 \*\*\*150.00

**DOCUMENT # F13518**

1. Entity Name  
**KARIZMA HAIR DESIGNER, INC.**

Principal Place of Business  
**5891 SOUTH MILITARY TRAIL  
 LAKEWORTH FL 33463**

Mailing Address  
**5891 SOUTH MILITARY TRAIL  
 LAKEWORTH FL 33463**

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 **59-2085268**

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

7. Name and Address of New Registered Agent

**VIAMONTES, PAMELA FELDMAN  
 64 VISTA DEL RIO  
 BOYNTON BEACH FL 33426**

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 \$550.00  
 After September 12, 2001 Fee 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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **VIAMONTES, PAMELA**  
 CITY-ST-ZIP **64 VISTA DEL RIO**  
**BOYNTON BEACH FL**

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

TITLE ☐ Delete  
 NAME **ST**  
 STREET ADDRESS **FELDMAN, DOROTHY**  
 CITY-ST-ZIP **4562 CARTHAGE CIRCLE N**  
**LAKE WORTH FL**

TITLE ☐ Change ☐ Addition  
 NAME **Dorothy Feldman Bragg**  
 STREET ADDRESS **7910 China Lane off**  
 CITY-ST-ZIP **Boynton Beach, FL 33437**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**Pamela Viamontes (Pamela Viamontes)**

**8/31/01 (561) 434-0004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment  
#F135/8  
A0083858

Aug.31, 2001

Division of Corp.,

I am writing this to hopefully clear up this matter. I spoke with Stacey on Aug. 31, 2001 and told her my concerns regarding my new form that I received, it states that I have not filed or paid my \$150.00, I did so on April 8, 2001 check#6041. I did check with the bank and the check did not clear, Stacey suggested I resubmit the application and another check for \$150.00.

Thank you for handling this matter.

Pamela Viamontes- President

Karizma Hair Designers, Inc  
5891 south military trail  
Lake Worth, fl. 33463  
561-434-0004