FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 27, 2001 8:00 am **DOCUMENT # F13982** Secretary of State MR. VITO'S HAIR ODYSSEY, INC. 03-27-2001 90003 030 ***150.00 Principal Place of Business Mailing Address 9110 WILES ROAD 9110 WILES ROAD 111100 CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 2. Principal Place of Business 3. Mailing Address SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2060029 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLANCATO VITO L Street Address (P.O. Box Number is Not Acceptable) 9110 WILES RD CORAL SPRINGS FL 33067 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE Delete CARYL BLANCATO LAUI NW US MANOR SHAW, CARYL NAME STREET ADDRESS STREET ADDRESS 56042 HERON CT CITY-ST-ZIP CITY-ST-ZIP DARKLAND FL 33007 **COCONUT CREEK FL** TITLE Delete TITLE ☐ Change Addition MURRAY, JOANNE NAME STREET ADDRESS STREET ADDRESS 3733 NW 63RD CT CITY-ST-ZIP CITY-ST-ZIP **COCONUT CREEK FL 33073** TITLE Delete - Change Addition BLANCATO, VITO, L STREET ADDRESS 6020 N.W. 66 PLACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PARKLAND FL Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS 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.