

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 30, 2000 8:00 am**  
**Secretary of State**

06-30-2000 90001 024 \*\*\*550.00

**00066506**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** F94000000963 ✓  
**1. Entity Name**  
 PREMIER SALONS INTERNATIONAL, INC.

**Principal Place of Business** 6800 FRANCE AVE  
 SUITE 300  
 EDINA MN 55435  
**Mailing Address** 6800 FRANCE AVE  
 SUITE 300  
 EDINA MN 55435

**2. Principal Place of Business** 5421 FELTL ROAD  
 Suite, Apt. #, etc. SUITE 110  
 City & State MINNETONKA MN  
 Zip 55343 Country US  
**3. Mailing Address** 3780 14TH AVE  
 Suite, Apt. #, etc. SUITE 106  
 City & State MARKHAM ON  
 Zip L3R 9Y5 Country CANADA

**4. FEI Number** 41-1765807  
 Applied For Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324

**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** \_\_\_\_\_  
 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.** ☒ **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back) **After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LUBORSKY, BRIAN A. 3780 14TH AVENUE, #106 MARKHAM, ONTARIO CA L3R9Y5 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDC LUBORSKY, BRIAN A. 106-3780 14TH AVE MARKHAM ON CANADA L3R 9Y5 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOUGHREY, ANNE 6800 FRANCE AVE EDINA MN 55434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CAWSTON, CHRISTOPHER 106-3780 14TH AVE MARKHAM ON CANADA L3R 9Y5 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLSON, HOWARD 5421 FELTL ROAD MINNETONKA MN 55843 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANDERS, ROBERT E 6800 FRANCE AVE EDINA MN 55434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANDERS, ROBERT E. 110-5421 FELTL ROAD MINNETONKA MN 55343 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUER, KRISTINE L 5421 FELTL ROAD MINNETONKA MN 55343 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAGAN, GLENN 3780 14TH AVENUE #106 MARKHAM ONTARIO CA L3R9Y3 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Christopher Cawston June 8/00 905-470-7850  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)