

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G99083

1. Entity Name
SALON 41 HAIR DESIGN, INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90006 020 ***150.00

Principal Place of Business
456 ARTHUR GODFREY ROAD
MIAMI BEACH FL 33140-3504

Mailing Address
456 ARTHUR GODFREY ROAD
MIAMI BEACH FL 33140-3504

2. Principal Place of Business
5401 Collins Avenue

3. Mailing Address
5401 Collins Avenue

Suite, Apt. #, etc.
Suite CU-2

Suite, Apt. #, etc.
Suite CU-2

City & State
Miami Beach, Florida

City & State
Miami Beach, Florida

Zip
33140

Country
US

Zip
33140

Country
US

4. FEI Number 59-2388529

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

BARRETT, WILLIAM J.
440 NE 52ND ST.
MIAMI FL 33137

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BARRETT, WILLIAM J.
STREET ADDRESS 440 NE 52 ST
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME RODRIGUEZ, EDUARDO
STREET ADDRESS 411 NE 52 TERR
CITY-ST-ZIP MIAMI BEACH FL

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)