

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90010 047 \*\*\*150.00

**A0055800**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # H26258**

1. Entity Name  
**MIRAGE HAIR DESIGN, INC.**

Principal Place of Business  
**840 E OAKLAND BLVD**  
**#116**  
**OAKLAND PARK FL 33334**  
**US**

Mailing Address  
**840 E OAKLAND BLVD**  
**#116**  
**OAKLAND PARK FL 33334**  
**US**

2. Principal Place of Business  
**Mirage Hair Design Inc**  
Suite, Apt. #, etc.  
**# 116**  
City & State  
**OAKLAND PK, FL**

3. Mailing Address  
**840 E Oakland Blvd**  
Suite, Apt. #, etc.  
City & State  
**OAKLAND PK, FL**

Zip  
**33334**

Country  
**USA**

4. FEI Number **59-2464213** Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LARSON, CAROLE J.**  
**5149 NE 3RD TERR**  
**FT LAUDERDALE FL 33334**

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 \_\_\_\_\_ (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**  
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Carole J. Larson** Pres. **4/24/2000** **954-568-1931**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)