

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H28253

1. Entity Name

ABITARE' SALON INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90193 034 ***150.00

Principal Place of Business

Mailing Address

398 FREEMAN ST
LONGWOOD FL 32750
US

398 FREEMAN ST
LONGWOOD FL 32750-4171
US

2. Principal Place of Business

105 Timberlachen Cir
Suite, Apt. #, etc.
SUITE 111

3. Mailing Address

610 Queensbridge Dr
Suite, Apt. #, etc.

City & State

LAKE MARY FL.

City & State

LAKE MARY FL.

4. FEI Number

59-2478794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

32746

Country

Seminole

Zip

32746

Country

Seminole

6. Name and Address of Current Registered Agent

DIBENARDO, ROCCO D.
610 QUEENSBIDGE DR
LAKE MARY FL 32746

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.
(See criteria on back) ☐

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

TITLE PD
NAME DIBENARDO, ROCCO
STREET ADDRESS 610 QUEENSBIDGE DR
CITY-ST-ZIP LAKE MARY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 like empowered.

SIGNATURE:

Rocco D. Dibenardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/00

Daytime Phone #

407-302-1110

CR2E034 (9/99)