2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J58167

1. Entity Name

NORMAN'S OF NEW YORK HAIR SALON, INC.

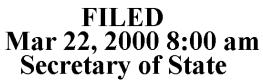
Principal Place of Business

Mailing Address

9045 LAFONTANA PLAZA BOCA RATON FL 33434

9045 LAFONTANA PLAZA **BOCA RATON FL 33434**

2. Principal Place of Business 3. Mailing Address



03-22-2000 90049 007 ***150.00



City & State Zip Country	-	ate						DO NOT WRITE IN THIS SPACE				
		City & State		4. FEI Number 59-		-2775646			pplied For ot Applicable			
	Zip	Country		5. Certifi	5. Certificate of Status Desired S8.75 Additional Fee Required							
6. Name and Address	7. Name and Address of New Registered Agent											
	į		Name	<u> </u>								
ARTZT, NORMAN M. 3180 HARRINGTON WAY BOCA RATON FL 33496			Street Address (P.O. Box Number is Not Acceptable)									
	i ļ		City			_	FL	Zìp Coo	e			
8. The above named entity submits this	statement for the purpose of	of changing its register	red office or regist	tered agent, o	or both, in the S	State of Florida	l.					
SIGNATURE	registered agent and title if applicable.	(NOTE: Registere	ed Agent signature requir	red when reinstating	ng)		DATE					
9. This corporation is eligible to satisfy Tax filing requirement and elects to o (See criteria on back)	its Intangible do so. Afte	FILE NOW!!! FEE er MAY 1, 2000 Fee Check Payable to D	will be \$550.00	tate	. Election Car Trust Fund C	Contribution.		Adde	O May Be d to Fees			
11. OFF	FICERS AND DIRECTORS	12.		ADDITIC	ONS/CHANGE	S TO OFFICE	RS AND D	DIRECTOR	IS IN 11			
TITLE NAME ARTZT, NORMAN M. STREET ADDRESS CITY-ST-ZIP BOCA RATON FL	ł		1E (III (TANDA RATUN	MJ FLA		□ Change 子33	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP STAGE STAGE ARTZT, JUDI A. 3180 HARRINGTON V BOCA RATON FL	;	•	E AE EET ADDRESS. 7 (-ST-ZIP 3	III- NOCA N	41~10A ATO~,	era FLA.	52. 33 F	Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. [.E				(Change	☐ Addition			
TITLE NAME STREET ADDRESS : CITY-ST-ZIP	[l	****			[Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[l]	Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information	. :	CITY	ME EET ADDRESS /-ST-ZIP					Change	Addition			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR