

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90100 047 ***150.00

DOCUMENT # J79464
 1. Entity Name
SKYLAKE MALL BEAUTY SALON, INC.

Principal Place of Business 1740 NE MIAMI GARDENS DR N MIAMI BEACH FL 33179 US	Mailing Address 3990 SHERIDIAN ST. #104 HOLLYWOOD FL 33021-3655 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1736 N.E. Miami Gardens Dr</i>	3. Mailing Address <i>3531 Griffin Rd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>N.M.B., FL</i>	City & State <i>Ft. Lauderdale, FL</i>
Zip <i>33179</i>	Country <i>USA</i>

4. FEI Number 59-2827846	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAGEN, MAX M.
~~3990 SHERIDIAN ST. #104~~
~~HOLLYWOOD FL 33021~~

7. Name and Address of New Registered Agent

Name: *New address*
 Street Address (P.O. Box Number is Not Acceptable): **3531 GRIFFIN ROAD**
FT. LAUDERDALE, FLA
 City: **FL** Zip Code: **33312**

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. (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 NAME STREET ADDRESS CITY-ST-ZIP	ST FREELAND, RICHARD 1748 NE MIAMI GARDENS DR NORTH MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(j), 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: *Richard Freeland* Date: *Mar 15/00* Daytime Phone #: *305 9494520*

CR2E034 (9/99)