## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2000 8:00 am **DOCUMENT # K12883** 1. Entity Name Secretary of State COWLICKS & CURLS OF COUNTRY WALK, INC. 03-15-2000 90110 034 \*\*\*150.00 Principal Place of Business Mailing Address 7166 SW 117 AV % HOWARD SANDLER 6717 SW 112 COURT MIAMI FL 33183 822617 MIAMI FL 33173-1942 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0033035 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANDLER, HOWARD Street Address (P.O. Box Number is Not Acceptable) 6717 SW 112 COURT **MIAMI FL 33173** Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** мау Ве Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete SANDLER, HOWARD NAME 6717 SW 112 COURT STREET ADDRESS STREET ADDRESS MIAM! FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition STD Change ☐ Delete TITLE TITLE SANDLER, NANCY NAME NAME 6717 SW 112 COURT STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

☐ Change

Addition