

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003103

1. Entity Name

ROBERT ALLEN ECHO SALON, L.L.C.

FILED

01 OCT 11 PM 12:17

Principal Place of Business

3334 N.E. 32 ST
FORT LAUDERDALE FL 33308

Mailing Address

3334 N.E. 32 ST
FORT LAUDERDALE FL 33308

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALDWELL LAWRENCE
4501 NE 21 AVE #214
FORT LAUDERDALE FL 33308

Name James GENOVESE
Street Address (P.O. Box Number is Not Acceptable)
608 SW 13 STREET
City Ft. Lauderdale FL Zip Code 33315

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

6000004638176-4
-10/16/01--01030--013
*****50.00 *****50.00

9. VICE PRES. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME JAMES GENOVESE ☐ Delete
STREET ADDRESS 608 SW 13TH ST
CITY-ST-ZIP FT. LAUD. FL. 33315

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

TITLE NAME PRES. ROBERT JANCEK ☐ Delete
STREET ADDRESS 3334 NE 32ND ST.
CITY-ST-ZIP FT. LAUD. FL. 33308

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

TITLE NAME PRESIDENT ROBERT JANCEK ☐ Delete
STREET ADDRESS 3334 NE 32ND ST.
CITY-ST-ZIP FT. LAUD. FL. 33308

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)