

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90171 013 ***150.00

DOCUMENT # L12896
1. Entity Name
 LADD HAIRDRESSERS, INC. ✓

Principal Place of Business 3691 Woolbright Road # 22 and 23 Boynton Beach, Fl. 33436
Mailing Address 2500 Hollywood Boulevard Suite 212 Hollywood, Fl. 33020

2. Principal Place of Business 3691 Woolbright Road Suite, Apt. #, etc. 22 and 23
3. Mailing Address 2500 Hollywood Boulevard Suite, Apt. #, etc. Suite 212

City & State Boynton Beach, Florida
Zip 33436 **Country** USA
City & State Hollywood, Florida
Zip 33020 **Country** USA

4. FEI Number 65-0151936
Applied For ☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Ross H. Manella, Esq.
 2237 N. Commerce Parkway
 Suite # 3
 Weston, Florida 33326

7. Name and Address of New Registered Agent
Name Joseph P. Klapholz, Esq.
Street Address (P.O. Box Number is Not Acceptable) 2500 Hollywood Boulevard, Suite 212
City Hollywood **FL** **Zip Code** 33020

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  **JOSEPH P. KLAPHOLZ, Esq.** **04.23.01**
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)

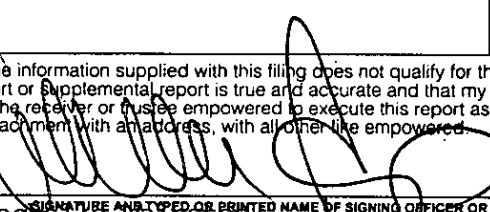
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE PST NAME WAINSTOCK, Rochelle STREET ADDRESS 10208 Bermuda Drive CITY-ST-ZIP Cooper City, Fl. 33026	<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
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
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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)(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:  **4/23/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00046288

DO NOT WRITE IN THIS SPACE