

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**  
04-09-2001 90068 038 \*\*\*150.00

0116188

**DOCUMENT # L57462**

1. Entity Name

**SHEAR ELEGANCE HAIR DESIGNS CORP.**

Principal Place of Business

**C/O LATRISSIA MOSES DUNCOMBE  
342 WASHINGTON AVENUE  
HOMESTEAD FL 33030**

Mailing Address

**C/O LATRISSIA MOSES DUNCOMBE  
342 WASHINGTON AVENUE  
HOMESTEAD FL 33030****C0043612**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0178810**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNCOMBE, LATRISSIA MOSES  
342 WASHINGTON AVENUE  
HOMESTEAD FL 33030**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	DUNCOMBE, LATRISSIA M	
STREET ADDRESS	11258 S.W. 167TH STREET	
CITY-ST-ZIP	MIAMI FL	

TITLE	M	<input type="checkbox"/> Delete
NAME	DUNCOMBE, GUERNESY D	
STREET ADDRESS	11258 S.W. 167TH STREET	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-6-01 (305) 247-1897**

CR2E034 (10/00)