

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L60704

1. Entity Name

JACQUELINE'S COIFFURE, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90035 020 ***150.00

Principal Place of Business

Mailing Address

3167 E ATLANTIC BLVD
STE 1
POMPANO BEACH FL 33062
US

~~2091 E OAKLAND PARK BLVD~~
~~102~~
~~FT LAUDERDALE FL 33306-1009~~
~~US~~

2. Principal Place of Business

3. Mailing Address

3167 E ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 1

City & State

City & State

POMPANO BEACH FL

Zip

Country

Zip

Country

33062

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROGAN, LAURA L.
2691 E OAKLAND PARK BLVD.
102
FT. LAUDERDALE FL 33306

Name

FRANK ZULKA

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

3701 NW 9TH AVE

City

POMPANO BEACH

FL

Zip Code

33064

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

2/18/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	JENSEN, JOHN	
STREET ADDRESS	4061 N.W. 9TH AVENUE #201	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	PVP	<input type="checkbox"/> Delete
NAME	JENSEN, JACQUELINE	
STREET ADDRESS	4061 N.W. 9TH AVENUE #201	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JENSEN, JACQUELINE	
STREET ADDRESS	4061 N.W. 9TH AVENUE #201	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Jensen, John D. Jensen
2/23/00
(954) 786-9608

CR2E034 (9/99)