

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90070 008 ***550.00

DOCUMENT # L71446

1. Entity Name
SHAMPOO PLUS HAIRCUTTERS, INC.

Principal Place of Business Mailing Address
5155 ATLANTIC AVE A-B
DELRAY BEACH, FL 33484

2. Principal Place of Business 3. Mailing Address
5155 ATLANTIC AVE A-B **SAME AS ABOVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL 33484
 Zip
33484
 Country
US

City & State
 Zip
 Country

4. FEI Number **65-0190343**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ANTHONY ALFERO, ESQ.
2650 W STATE ROAD 84
FT. LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name **LINDA BARTER**
 Street Address (P.O. Box Number is Not Acceptable)
5155 ATLANTIC AVENUE A-B
 City **DELRAY BEACH FL** Zip Code **33484**

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 *Linda Barter* **Linda Barter** *President* **5-18-00**
 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, 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

TITLE Pres	ORAZIO GALLO <input checked="" type="checkbox"/> Delete
NAME	3860 NW 102nd Avenue
STREET ADDRESS	Coral Springs, FL 33065
CITY-ST-ZIP	
TITLE	
NAME	Linda Barter <input type="checkbox"/> Delete
STREET ADDRESS	9704 MAJESTIC WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Barter
STREET ADDRESS	9704 Majestic Way
CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	
NAME	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Armando Gomez
CITY-ST-ZIP	16453 One Mile Road
TITLE	
NAME	Delray Beach, FL 33446 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: *Armando Gomez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-00
 Date

(561) 496-7733
 Daytime Phone #

CR2E034 (9/99)