

# 2000 UNIFORM BUSINESS REPORT (UBR)

000207 AF

DOCUMENT # L99000000326

1. Entity Name  
ARCOS INTERNATIONAL HAIR DESIGN, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 10 PM 4:37

Principal Place of Business  
1440 S. OCEAN BLVD., 7C  
POMPANO BEACH FL 33062

Mailing Address  
1440 S. OCEAN BLVD., 7C  
POMPANO BEACH FL 33062-7368

*HAS CHANGED TO:*



DO NOT WRITE IN THIS SPACE

**MJH**

2. Principal Place of Business  
*1387 SANDRENS AVE.*

3. Mailing Address  
*1387 S. ANDRENS AVE.*

City & State  
*POMPANO BEACH, FL*

City & State  
*POMPANO BEACH, FL*

Zip  
*33069*

Country  
*USA*

Zip  
*33069*

Country  
*USA*

4. FEI Number  
*65-0897073*

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

WITTMANN, ERICH W  
1440 S. OCEAN BLVD., 7C  
POMPANO BEACH FL 33062

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 *ERICH W. WITTMANN, MEMBER* *E. Wittmann* *1/5/2000*

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WITTMANN, ERICH W 1440 S. OCEAN BLVD., 7C POMPANO BEACH FL 33062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SCHNECK, KONRAD A DORNBERGSTR. 8 91058 ERLANGEN, GERMANY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	300003099813--9 -01/14/00--01103--023 *****55.00 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ALEX, GUENTER H SAIDELSTEIG 61 91058 ERLANGEN, GERMANY	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *E. Wittmann* *ERICH W. WITTMANN M. MEMBER* *1/5/2000* *954 788 5506*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #