

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91001 032 ***158.75

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DOCUMENT # P00000008645

1. Entity Name
VENTO HAIR DESIGN, INC.

Principal Place of Business 18140 BOCA WAY DRIVE BOCA RATON FL 33498	Mailing Address 18140 BOCA WAY DRIVE BOCA RATON FL 33498
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2. Principal Place of Business Goog SW 18th St.	3. Mailing Address
Suite, Apt. #, etc. 1	Suite, Apt. #, etc.

City & State BOCA RATON, FL 33433	City & State	4. FEI Number 65-0980921	Applied For Not Applicable
Zip 33433	Country PALM BEACH	Zip	Country
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERLO, ANDREW ESQ.
 2101 CORPORATE BLVD.
 SUITE 325
 BOCA RATON FL 33431

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
D	LANE CLAUDIA, J		
STREET ADDRESS	18140 BOCA WAY DRIVE		
CITY-ST-ZIP	BOCA RATON FL 33498		
SECRETARY	OLGAZANA MAQRICE		
STREET ADDRESS	18140 BOCA WAY DRIVE		
CITY-ST-ZIP	BOCA RATON, FL 33498		

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: LANE CLAUDIA Date: 4/30/01 Daytime Phone #: 561-338-3559

CR2E034 (10/00)