

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**  
 09-17-2001 90013 029 \*\*\*550.00

FORM 90013 029

**DOCUMENT # P00000034474**

1. Entity Name

**WOLF'S BARBER ACADEMY, INC.**

Principal Place of Business

**1645 SE 3RD CT. #204  
 DEERFIELD BEACH FL 33441**

Mailing Address

**1645 SE 3RD CT. #204  
 DEERFIELD BEACH FL 33441**

2. Principal Place of Business

**1024 N.E. 163rd St.**

3. Mailing Address

**1024 N.E. 163rd St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**N. Miami Beach, FL**

City & State  
**N. Miami Beach, FL 33162**

4. FEI Number  
**65-0996048**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LOMBARDI, JACKIE  
 1645 SE 3RD CT, #204  
 DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

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

*J. Lombardi*

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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	D	<input type="checkbox"/> Delete
NAME	Jackie Lombardi	
STREET ADDRESS	1024 N.E. 163rd St.	
CITY-ST-ZIP	N. Miami Beach, FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	Curtis Baker	
STREET ADDRESS	1024 N.E. 163rd St.	
CITY-ST-ZIP	N. Miami Beach, FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	Steven Strouse	
STREET ADDRESS	1024 N.E. 163rd St.	
CITY-ST-ZIP	N. Miami Beach, FL 33162	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*J. Lombardi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01 (954) 428-8488

Date

Daytime Phone #

CR2E034 (5/01)