

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037654

1. Entity Name

TRUE COLORS HAIR COLOR SPECIALIST, INC.

Principal Place of Business

333 17 ST SUITE I
VERO BEACH FL 32960

Mailing Address

333 17 ST SUITE I
VERO BEACH FL 32960

2. Principal Place of Business

3. Mailing Address

2706 52 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VERO BEACH, FL.

4. FEI Number

65-1003643

Applied For

Not Applicable

Zip

Country

Zip

Country

32966

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR
CLEARWATER FL 33761

Name

MARIELA GUANCH

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

2706 52 AVE.

City

VERO BEACH

FL

Zip Code

32966

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

Mariela Guanch

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	P GUANCH, MARIELA 333 17 ST SUITE I VERO BEACH FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P MARIELA GUANCH 2706 52 AVE VERO BEACH, FL. 32966
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"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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"/> Change <input type="checkbox"/> Addition	

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:

Mariela Guanch (president)

Date

Daytime Phone #

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90058 002 ***150.00

00026450



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)