

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

0111523

05-02-2001 90014 010 \*\*\*150.00

**DOCUMENT # P00000038463**

1. Entity Name

**MUSTANG SALLY'S, INC.**

Principal Place of Business

8655 PINES BLVD.  
 PEMBROKE PINES FL 33024

Mailing Address

8655 PINES BLVD.  
 PEMBROKE PINES FL 33024

2. Principal Place of Business

*10021 Pines Blvd*

Suite, Apt. #, etc. *#202*

City & State

*Pembroke Pines FL*

Zip

*33024*

Country

3. Mailing Address

*10021 Pines Blvd*

Suite, Apt. #, etc. *#202*

City & State

*Pembroke Pines FL*

Zip

*33024*

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

*65-0999096*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SINGER, BERNARD A**  
**4925 SHERIDAN STREET SUITE A**  
**HOLLYWOOD FL 33021**

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	CARROLL, JAMES S	8655 PINES BLVD.	PEMBROKE PINES FL 33024	<input type="checkbox"/>
D	CARROLL, WILLIAM C	8655 PINES BLVD.	PEMBROKE PINES FL 33024	<input type="checkbox"/>
D	GILES, JANET L	8655 PINES BLVD.	PEMBROKE PINES FL 33024	<input type="checkbox"/>
D	KERR, RALPH S	8655 PINES BLVD.	PEMBROKE PINES FL 33024	<input type="checkbox"/>
D	FEASTER, EDWARD	8655 PINES BLVD.	PEMBROKE PINES FL 33024	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<i>10021 Pines Blvd #202</i>		<input type="checkbox"/>	<input type="checkbox"/>
		<i>10021 Pines Blvd #202</i>		<input type="checkbox"/>	<input type="checkbox"/>
		<i>10021 Pines Blvd #202</i>		<input type="checkbox"/>	<input type="checkbox"/>
		<i>10021 Pines Blvd #202</i>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Janet L Giles* JANET L GILES  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4-27-01*

Daytime Phone #

CR2E034 (10/00)