

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90072 034 ***150.00

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DOCUMENT # P00000041778

1. Entity Name
SALON GOLDANO INC.

Principal Place of Business

**11524 OVERSEAS HWY
 MARATHON FL 33050**

Mailing Address

**PO BOX 770670
 CORAL SPRINGS FL 33077**

2. Principal Place of Business

8801 W. Atlantic Blvd

3. Mailing Address

Suite, Apt. #, etc.
#770670

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

FL

4. FEI Number

605-1005823

Applied For

Not Applicable

Zip

33077

Country

USA

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

**STUFANO, RENE'
 11524 OVERSEAS HWY
 MARATHON FL 33050**

7. Name and Address of New Registered Agent

Name **Rene' Stufano**
 Street Address (P.O. Box Number is Not Acceptable)
8801 W Atlantic Blvd. #770670
 City **Coral Springs** FL Zip Code **33077**

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 **Rene' Stufano**

Signature, typed or printed name of registered agent and title if applicable.

Rene' Stufano

(NOTE: Registered Agent signature required when reinstating)

4-3-01

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
	Pres. Rene' Stufano	8801 W. Atlantic Blvd #770670	Coral Springs, FL 33077	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<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: **Rene' Stufano**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-01

DATE

954-868-2515

DAYTIME PHONE #

CR2E034 (10/00)