

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000042800**

1. Entity Name

BRISBANE'S HAIR STUDIO, INC.**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90043 004 ***150.00

Principal Place of Business

**13205 SOUTHWEST 137TH AVENUE
SUITE 213
MIAMI FL 33186**

Mailing Address

**13205 SOUTHWEST 137TH AVENUE
SUITE 213
MIAMI FL 33186**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

105-1005486

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

City

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 re-registering)

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-STATE-ZIP	<input type="checkbox"/> Delete
PSTD	BRISBANE-MEHU, MAUREEN M	13205 SOUTHWEST 137TH AVENUE SUITE 213	MIAMI FL 33186	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PSTD	Willy Mehu	12398 S.W. 128TH ST BAY 102	MIAMI, FL 33186		

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

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

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

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)