

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044483

1. Entity Name
SMARTHOUSE SALON INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90044 021 ***150.00

Principal Place of Business
9341 E. BAY HARBOR DR., #2B
BAY HARBOR ISLANDS FL 33154

Mailing Address
9341 E. BAY HARBOR DR., #2B
BAY HARBOR ISLANDS FL 33154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

34 SW 8TH ST

3. Mailing Address

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

4. FEI Number

651009677

Applied For

Not Applicable

Zip
33130

Country
DADE

Zip

Country

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

CRAVEN, CHARLES
9341 E. BAY HARBOR DR., #2B
BAY HARBOR ISLANDS FL 33154

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CRAVEN, CHARLES
9341 E. BAY HARBOR DR., #2B
BAY HARBOR ISLANDS FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
ALESSI, EDSON
9341 E. BAY HARBOR DR., #2B
BAY HARBOR ISLANDS FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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

4/4/01

Date

305-789-6333

Daytime Phone #

CR2E034 (10/00)