

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90426 029 ***150.00

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DOCUMENT # P00000056379

1. Entity Name
NORTHSTAR BEAUTY SALON, INC.



Principal Place of Business
3691 WOOLBRIGHT BAYS 22 AND 23
BOYNTON BEACH FL 33436-7244

Mailing Address
3691 WOOLBRIGHT BAYS 22 AND 23
BOYNTON BEACH FL 33436-7244

2. Principal Place of Business

3. Mailing Address

17290 NE 19 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NO MIAMI BEACH FL

Zip

Country

Zip

Country

33164

4. FEI Number 65-1017874

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLAPHOLZ, JOSEPH P
C/O MANELLA & KLAPHOLZ, LLP
2500 HOLLYWOOD BLVD SUITE 212
HOLLYWOOD FL 33020

Name
MARTIN H. ALMAN
Street Address (P.O. Box Number is Not Acceptable)
17290 NE 19 Ave
City
NO MIAMI BEACH FL
Zip Code
33164

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MARTIN H. ALMAN **4/14/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
WAINSTOCK, BORIS
3691 WOOLBRIGHT BAYS 22 AND 23
BOYNTON BEACH FL 33436-7244

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

BORIS WAINSTOCK **5/1/03**

Date

Daytime Phone #

CR2E034 (10/02)