

9/13/01-90001-048-\$150.00-\$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000066296

1. Entity Name
EUROMODA HAIR DESIGN, INC.Principal Place of Business
935 N BENEVA ROAD STE 717
SARASOTA FL 34232Mailing Address
935 N BENEVA ROAD STE 717
SARASOTA FL 34232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

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

SWARTZ, STANLEY R
1111 3RD AVE WEST STE 150
BRADENTON FL 34205

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. 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
P	ROCCO, DOMENICO	935 N BENEVA ROAD STE 717	SARASOTA FL 34232	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-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 #

FILED

01 OCT 29 PM 2:27

SECRETARY OF STATE
FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

2052

Euromoda Hair Design Inc.
935 N. Beneva Rd.
Suite 717
Sarasota, Florida 34232

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

October 22, 2001
Reference Number:
P00000066296
Euromoda Hair Design Inc.

Gentlemen:

We are in receipt of your letter regarding the Uniform Business Report. We are a new corporation and did not receive the original document. We called your office and requested a new report, which we received after July 31, 2001. We mailed in the \$150.00, which is our real liability- not the \$550.00.

Please correct your records and cancel all penalties pending.

Very truly yours,

Euromoda Hair Design Inc.
Domenico Rocco, President

Dr/js