

2001 UNIFORM BUSINESS REPORT (UBR)

2/8

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-08-2001 90036 016 ***150.00

DOCUMENT # P00000078664

1. Entity Name

FLAME HAIR SALON, INC.

Principal Place of Business

1201 BASKINS CROSSING ROAD
LARGO FL 33778

Mailing Address

1201 BASKINS CROSSING ROAD
LARGO FL 33778

2. Principal Place of Business

12565 Umerton Rd
Suite, Apt. #, etc.

Largo Florida 33774

3. Mailing Address

2200 Gladys St
Suite, Apt. #, etc.

Largo Florida 33774



DO NOT WRITE IN THIS SPACE

City & State

33774

Country

Pinellas

City & State

Largo Florida

Zip

33774

Country

Pinellas

4. FEI Number

39-2633595

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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.

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**\$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 | President Nadia Benjamin 12565 Umerton Road Largo FL 33774 | <input type="checkbox"/> Delete |
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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

1-11-01

Liste

Daytime Phone #

CR2E034 (10/00)