

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90077 015 ***150.00

DOCUMENT # P00000088277

1. Entity Name

ROMEO, AN AFFAIR WITH HAIR, INC.

Principal Place of Business

**11921 SOUTH DIXIE HIGHWAY
 SUITE 200. MARIN CENTER AT SUNILAND
 MIAMI FL 33156**

Mailing Address

**11921 SOUTH DIXIE HIGHWAY
 SUITE 200. MARIN CENTER AT SUNILAND
 MIAMI FL 33156**

2. Principal Place of Business

**C/O SHANKMAN + NEWMAN CPA PA
 12515 N. KENDALL DR. # 314**

3. Mailing Address

12515 N. KENDALL DR. # 314

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLA

City & State

MIAMI, FLA

Zip

33186

Country

USA

Zip

33186

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1040879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NEWMAN, BRUCE
 0121 SW 113 PL CIR W
 MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name **BRUCE NEWMAN**
 Street Address (P.O. Box Number is Not Acceptable) **12515 N. KENDALL DR. # 314**
 City **MIAMI** FL **33186**

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 **Bruce Newman**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/02

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, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
 NAME **ROMEO, RAYMOND W**
 STREET ADDRESS **11921 SOUTH DIXIE HIGHWAY SUITE 200**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **VTD** ☐ Delete
 NAME **STEWART, DEAN R**
 STREET ADDRESS **11921 SOUTH DIXIE HIGHWAY SUITE 200**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **12515 N. KENDALL DR. # 314**
 CITY-ST-ZIP **MIAMI, FLA 33186**

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS **12515 N. KENDALL DR. # 314**
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 1-14-02 (301) 271-9298

02/02/02 AV

CR2E034 (9/01)