

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90190 041 ***150.00

0070108

DOCUMENT # P00000090699

1. Entity Name

LISE'S UNISEX BEAUTY SALON & MULTI-SERVICES, INC

Principal Place of Business

6700 SILVER STAR ROAD STE 100
ORLANDO FL 32818

Mailing Address

6700 SILVER STAR ROAD STE 100
ORLANDO FL 32818

745610

2. Principal Place of Business

6700 Silver Star Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando

City & State

Zip

32818

Country

Orange

4. FEI Number

59-3672686

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HYPPOLITE, LISE I
6144 BONNIE BROOK BLVD
ORLANDO FL 32809

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.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME HYPPOLITE, LISE I
STREET ADDRESS 6700 SILVER STAR ROAD STE 100
CITY-ST-ZIP ORLANDO FL 32818

TITLE S
NAME ALPHONSE, MIRMA
STREET ADDRESS 6700 SILVER STAR ROAD STE 100
CITY-ST-ZIP ORLANDO FL 32818

TITLE TD
NAME ALPHONSE, JEAN C
STREET ADDRESS 6700 SILVER STAR ROAD STE 100
CITY-ST-ZIP ORLANDO FL 32818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 Lise Hyppolite

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)