

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90375 016 ***150.00

DOCUMENT # P00000090699
 1. Entity Name
LISE'S UNISEX BEAUTY SALON & MULTI-SERVICES, INC

Principal Place of Business 6700 SILVER STAR ROAD SUITE 100 ORLANDO FL 32818	Mailing Address 6700 SILVER STAR ROAD SUITE 100 ORLANDO FL 32818
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B0117336



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6700 Silver star rd Suite, Apt. #, etc. 100	3. Mailing Address 6700 Silver star rd Suite, Apt. #, etc. 100
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City & State Orlando FLA	City & State Orlando FL
Zip 32818	Zip 32818
Country	Country

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 **None**
 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME	TITLE	NAME
PD	HYPPOLITE, LISE I 6700 SILVER STAR ROAD STE 100 ORLANDO FL 32818	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	ALPHONSE, MIRMA 6700 SILVER STAR ROAD STE 100 ORLANDO FL 32818	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	ALPHONSE, JEAN C 6700 SILVER STAR ROAD STE 100 ORLANDO FL 32818	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<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: *Lise Hippolite*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/01)