

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**

B0117336



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**6700 Silver star rd
 Suite, Apt. #, etc.
 100**

**6700 Silver star rd
 Suite, Apt. #, etc.
 100**

City & State

Orlando FLA

City & State

Orlando FL

Zip

32818

Country

Zip

32818

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HYPPOLITE, LISE I	
STREET ADDRESS	6700 SILVER STAR ROAD STE 100	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALPHONSE, MIRMA	
STREET ADDRESS	6700 SILVER STAR ROAD STE 100	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALPHONSE, JEAN C	
STREET ADDRESS	6700 SILVER STAR ROAD STE 100	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lise I Hippolite
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)