

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000096224**1. Entity Name
KIDS SUPER SALON OF BOCA RATON, INC.

Principal Place of Business 7408 WEST COMMERCIAL BOULEVARD LAUDERHILL FL 33319	Mailing Address 7408 WEST COMMERCIAL BOULEVARD LAUDERHILL FL 33319
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2. Principal Place of Business
9846 GLADES ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON FL

City & State

4. FEI Number
65-1053862Applied For
Not ApplicableZip Country
334345. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUECORAL GABLES
33134 US

FL

Name
FLUXA CARLOS PRESIDEStreet Address (P.O. Box Number is Not Acceptable)
1581 S.W. 193 AVE.City
PEMBROKE PINESFL Zip Code
33029

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 **CARLOS FLUXA**

04/28/2001

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 State10. 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	VSD	<input type="checkbox"/> Delete
NAME	FLUXA SHERYL K	
STREET ADDRESS	7408 WEST COMMERCIAL BOULEVARD	
CITY-ST-ZIP	LAUDERHILL FL 33319	

TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLUXA SHERYL K	
STREET ADDRESS	9846 GLADES ROAD	
CITY-ST-ZIP	BOCA RATON FL 33434	

TITLE	PTD	<input type="checkbox"/> Delete
NAME	FLUXA CARLOS M	
STREET ADDRESS	7408 WEST COMMERCIAL BOULEVARD	
CITY-ST-ZIP	LAUDERHILL FL 33319	

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLUXA CARLOS M	
STREET ADDRESS	9846 GLADES ROAD	
CITY-ST-ZIP	BOCA RATON FL 33434	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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: Carlos Fluxa

ptd

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)