

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90070 024 ***158.75

DOCUMENT # P00000097093

1. Entity Name
COLOR ME SALON, CORP.

Principal Place of Business

3725 SO. OCEAN DRIVE
 #1219
 HOLLYWOOD FL 33019

Mailing Address

3725 SO. OCEAN DRIVE
 #1219
 HOLLYWOOD FL 33019

00034127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

65-1047812

Applied For

Not Applicable

5. 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

ASENIO-GARCIA, BARBARA C
3725 SO. OCEAN DRIVE
#1219
HOLLYWOOD FL 33019

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
PSD
ASENIO-GARCIA, BARBARA C
3725 SO. OCEAN DR.
HOLLYWOOD FL 33019 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
Name Correction: ☐ Change ☐ Addition
Asensio-Garcia, Barbara C

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
VTD
GARCIA, ALFREDO A
3725 SO. OCEAN DR.
HOLLYWOOD FL 33019 ☐ Delete

TITLE
 NAME
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 CITY - ST - ZIP
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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:

Barbara C. Asensio-Garcia
 Barbara C. Asensio-Garcia, Registered Agent

Date

4/16/01

Daytime Phone #

(305) 904-6602

CR2E034 (10/00)