

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097246

1. Entity Name

MICHAEL'S HAIR REPLACEMENT FOR MEN AND WOMEN, IN

Principal Place of Business

21301 POWERLINE ROAD  
SUITE 105  
BOCA RATON FL 33433

Mailing Address

21301 POWERLINE ROAD  
SUITE 105  
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE  
03/13/01 90322 003 #160

4. FEI Number

105-1055874

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

CIOFFI, MARIETTA

21301 POWERLINE ROAD  
SUITE 105  
BOCA RATON FL 33433

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 \$550.00

After September 12, 2001 Fee will be \$750.00  
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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
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☐ Change

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ 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:

*Marietta Cioffi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-01

Date

561-477-3237

Daytime Phone #

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 SEP 17 PM 2:48



007362 AV

CR2E034 (5/01)

SP

pg 2 of 2

To Fla. Dept. of State

8-27-01

My report (UBR) WAS Sent IN. IN  
MAY Check Number #2047 5-1-01  
PAID.

I did not receive A letter  
from you about filling out line  
(12) So I called and I WAS told  
to fill out line 12 and send  
in this letter. letting you know  
what happend. So sorry. I didn't  
know I had to fill that out -  
I just wanted to pay my UBR  
Fee.

Thanks

M. Antea Corp -

PLEASE let me know ALL IS  
OK -

561-477-3737