

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-27-2002 90006 040 ***150.00

037738 AV

DOCUMENT # P00000097246

1. Entity Name

MICHAEL'S HAIR REPLACEMENT FOR MEN AND WOMEN, IN C.

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

3356 W. Hillsboro Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

3356 W. Hillsboro Blvd.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Deerfield Beach FL.
 Zip Country

City & State

Deerfield Beach FL
 Zip Country

4. FEI Number

65-1055874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CIOFFI, MARIETTA
 21301 POWERLINE ROAD
 SUITE 105
 BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name **Cioffi Marietta**
 Street Address (P.O. Box Number is Not Acceptable) **3356 W. Hillsboro Blvd**
 City **Deerfield Beach** FL Zip Code **33442**

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

TITLE	P <input type="checkbox"/> Delete
NAME	CIOFFI, MARIETTA
STREET ADDRESS	5884 N.W. 41ST WAY
CITY-ST-ZIP	COCONUT CREEK FL 33073
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Marietta Cioffi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)