

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90041 005 \*\*\*150.00

**DOCUMENT #** P01000036580  
**1. Entity Name**  
**HAIR BY BECCA, INC.**

<b>Principal Place of Business</b> 411 S.E. MIZNER BLVD., #72 BOCA RATON FL 33432	<b>Mailing Address</b> 411 S.E. MIZNER BLVD., #72 BOCA RATON FL 33432
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<b>2. Principal Place of Business</b> #70 Suite, Apt. #, etc. 407 S.E. Mizner Blvd #70	<b>3. Mailing Address</b> 1201 SW 1st Ave Suite, Apt. #, etc. A
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Boca Raton, FL	<b>City &amp; State</b> Boca Raton, FL
<b>Zip</b> 33432	<b>Zip</b> 33432
<b>Country</b> USA	<b>Country</b> USA

<b>4. FEI Number</b> 310-90-5433	<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
**GALANIS, SPIRO**  
**1900 N.W. CORPORATE BLVD., SUITE #400E**  
**BOCA RATON FL 33431**

**7. Name and Address of New Registered Agent**  
**Name**  
**City** **FL**

**8. The above named entity submits this:** ☒ in 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** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing, Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PD	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> CAZEL, REBECCA		<b>NAME</b> Boni, Rebecca	
<b>STREET ADDRESS</b> 411 S.E. MIZNER BLVD., #72		<b>STREET ADDRESS</b> 407 S.E. MIZNER BLVD #70	
<b>CITY-ST-ZIP</b> BOCA RATON FL 33432		<b>CITY-ST-ZIP</b> Boca Raton, FL 33432	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>STREET ADDRESS</b> 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:** Rebecca Boni **3/11/02** **(561) 361-9098**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #