

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State
04-28-2002 90778 045 ***150.00

DOCUMENT # **P01000036898**

1. Entity Name

BOCA HAIR STUDIO INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1001 SW 2ND AVE.

Suite, Apt. #, etc.

3. Mailing Address

1001 SW 2ND AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-1097076

Applied For

Not Applicable

Zip

33432

Country

USA

Zip

33432

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FRANK SIMONE

Street Address (P.O. Box Number is Not Acceptable)

5520 PACIFIC BLVD.

#218

City

BOCA RATON

FL

Zip Code

33433

**DO NOT WRITE
IN THIS SPACE**

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: **Frank Simone - FRANK SIMONE - PRES**

4-16-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-16-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FRANK SIMONE
5520 PACIFIC BLVD. #218
BOCA RATON, FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARGARET L. SIMONE
5520 PACIFIC BLVD. #218
BOCA RATON, FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

Boca Hair Studio
1001 SW 2nd Ave.
Boca Raton, FL 33432
(561-392-4696)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Frank Simone - FRANK SIMONE PRES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4-16-02