

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90138 035 ***150.00

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DOCUMENT # P01000084635

1. Entity Name
TANGLEZ SALON, INC.



Principal Place of Business
3975 20TH ST.
VERO BEACH FL 32960

Mailing Address
3975 20TH ST.
VERO BEACH FL 32960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2339740**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ **CHECK HERE IF MAKING CHANGES**



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEIFFER, ANNA
3975 20TH STREET
VERO BEACH FL 32960

Name **Anna Picardi**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Anna Picardi*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PEIFFER, ANNA**
STREET ADDRESS **3975 20TH ST.**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **A** **Picardi, Anna** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anna Picardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/03 **72-299-3636**
Date Daytime Phone #

CR2E034 (4/03)

Attachment 10110341
#PD10000841635

7-15-03

Florida Department of State

Please be advised that on 7-12-03 was the first notice that Tanglez Inc. received for filing the uniform business report for the year 2003.

We are requesting that the state waive the late filing fee. Enclosed is a check for \$150.00.

If there are any questions please contact Anna Picardi 772-299-3636.

Thank You,

Anna L. Picardi

Anna L. Picardi, President
Tanglez Salon, Inc.