

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

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90781 044 ***150.00

DOCUMENT # P01000101904

1. Entity Name
JVL HAIR SALON, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1903 N. PINE ISLAND RD
Suite, Apt. #, etc.

3. Mailing Address
1903 N PINE ISLAND RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PLANTATION, FL
Zip
33322
Country
USA

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PLANTATION, FL
Zip
33322
Country
USA

4. FEI Number
65-1150706
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JUAN V. LOPEZ
Street Address (P.O. Box Number is Not Acceptable)
1891 SW 81 AVENUE
City
No. Lauderdale, FL
Zip Code
33068

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: *Juan V. Lopez*
Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/02

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
JUAN V. LOPEZ
1891 SW 81 AVENUE
NO. LAUDERDALE, FL 33068

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Juan V. Lopez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
Date

Daytime Phone #

CR2E034B (12/01)