

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90358 036 \*\*\*150.00

**DOCUMENT # P02000015750**



1. Entity Name  
**THE SALON AT EMERALD HILLS, INC.**

Principal Place of Business  
**3385 SHERIDAN STREET  
HOLLYWOOD FL 33021**

Mailing Address  
**3385 SHERIDAN STREET  
HOLLYWOOD FL 33021**

**55053054**



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

**03-0395680**

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

**MENESES, CLARA  
3385 SHERIDAN STREET  
HOLLYWOOD FL 33021**

Name

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MENESES, CLARA  
3385 SHERIDAN STREET  
HOLLYWOOD FL 33021** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FRIEH, W. ROBERT  
3385 SHERIDAN STREET  
HOLLYWOOD FL 33021** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**

*Clara Meneses*  
**CLARA MENESES**

Date

**7/8/03**

Daytime Phone #

**954-981-3210**

CR2E034 (4/03)

Attachment

July 29, 2003

Reinstatement  
P.O. Box 6327  
Tallahassee, FL 32314

55053054  
#P02000015750

Dear Sirs/Madame,

I received the letter attached on July 28<sup>th</sup>. I called the number listed on the bottom of the page, 850-245-6056, and spoke to Marquita Williams. I explained to her that I wrote to the Florida Department of State two weeks prior, stating that I had never received the original notice of my annual report and with that letter I sent a check for \$150. I did not send in a late fee of \$400 due to the fact that I never received the original notice. Ms. Williams asked that I send a letter to your department requesting a reinstatement and waive the late fee.

I would really appreciate it if you can look into this matter for me. Please let me know if there's anything I can do to make sure it is processed.

Thank you very much,



Clara Meneses  
Owner/Director of the Corporation  
The Salon at Emerald Hills, Inc.  
3385 Sheridan St.  
Hollywood, FL 33019