

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000062060

1. Entity Name

GABLES BEAUTY & BARBER SUPPLY, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90054 044 ***150.00

Principal Place of Business

Mailing Address

1037-B NW THIRD STREET
HALLANDALE FL 33009

1037-B NW THIRD STREET
HALLANDALE FL 33009-3101

2. Principal Place of Business

117 N.W. 9th Terrace

3. Mailing Address

117 N.W. 9th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hallandale, Florida

City & State

Hallandale, Florida

4. FEI Number

65-0523764

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOUDISS, MORTON R
1111 LINCOLN ROAD
SUITE 325
MIAMI BEACH FL 33139

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BERN, KENNETH
STREET ADDRESS 1037-B NW 3RD ST
CITY-ST-ZIP HALLANDALE FL 33009

TITLE P ☒ Change ☐ Addition
NAME BERN, KENNETH
STREET ADDRESS 117 N.W. 9th Terrace
CITY-ST-ZIP Hallandale, Florida 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME BERN, MARLA
STREET ADDRESS 117 N.W. 9th Terrace
CITY-ST-ZIP Hallandale, Florida 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

954 456 2988

Daytime Phone #

CR2E034 (9/99)