

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90027 033 \*\*\*550.00

**DOCUMENT # P94000062209**

1. Entity Name  
**MANE STREET BEAUTY SALON, INC.**

Principal Place of Business  
**4889 LAKE WORTH ROAD STE. C**  
**SUITE 107**  
**LAKE WORTH FL 33463**  
**US**

Mailing Address  
**4889 LAKE WORTH ROAD STE. C**  
**LAKE WORTH FL 33463**

2. Principal Place of Business  
**5883 So. Congress Ave.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5883 So. Congress Ave.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**LANTANA, FLA.**

City & State  
**LANTANA FLA.**

4. FEI Number **65-0568561**

Applied For  
 Not Applicable

Zip  
**33462**

Country  
**USA**

Zip  
**33462**

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**

**KOHL, DONALD P**  
**2315 SOUTH CONGRESS AVENUE**  
**WEST PALM BEACH FL 33406**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YARNELL, LINDA</b> <b>5540 SOUTH 38TH STREET</b> <b>GREENACRES CITY FL 33463</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (5/00)