

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000067562

1. Entity Name

WIGS FOR YOU OF ADVENTURA, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90259 012 \*\*\*158.75

Principal Place of Business

Mailing Address

5690 WASHINGTON STREET  
HOLLYWOOD FL 33023  
US

5690 WASHINGTON STREET  
HOLLYWOOD FL 33023-1478  
US

2. Principal Place of Business

3. Mailing Address

400 S. DIXIE HWY

400 S. DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 6

SUITE 6

City & State

City & State

HALLANDALE, FL

HALLANDALE, FL

Zip

Country

Zip

Country

33009

BROWARD

33009

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENSCHEL, ANDREW S  
1880 NE 163RD STREET  
SUITE 202  
NORTH MIAMI BEACH FL 33162

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
SCHOONOVER, RICHARD  
5348 SW 34 WAY  
HOLLYWOOD FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVD  
SCHOONOVER, BLANCA  
5348 SW 34 WAY  
HOLLYWOOD FL ☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Delete

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

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 reports 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-00 954-457-0050



DO NOT WRITE IN THIS SPACE