

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075349

1. Entity Name

MIKEL JORGE SALON, INC.

FILED

Mar 03, 2000 8:00 am  
Secretary of State

03-03-2000 90196 012 \*\*\*150.00

Principal Place of Business 8000 W BROWARD BLVD SUITE 127 PLANTATION FL 33388	Mailing Address 11299 CORAL KEY DRIVE BOCA RATON FL 33498-1962 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Same	3. Mailing Address 8000 W Brow BLV
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State PLANTATION FL	City & State PLANTATION FL
Zip 33388	Country U.S.A

4. FEI Number 65-0524722	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PASQUALE, MICHAEL 8000 W BROWARD BLVD #127 PLANTATION FL 33388
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7. Name and Address of New Registered Agent Name MICHAEL PASQUALE Street Address (P.O. Box Number is Not Acceptable) 8000 W Brow BLV #127 City PLANTATION FL Zip Code 33388
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PASQUALE, MICHAEL 8000 W BROWARD BLVD #127 PLANTATION FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PASQUALE, GUS 11299 CORAL KEY DRIVE BOCA RATON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAQUALE, ELIZABETH 11299 CORAL KEY DRIVE BOCA RATON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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)(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 an officer like empowered.

SIGNATURE: \_\_\_\_\_ SECRET/TREASURER  
MICHAEL PASQUALE 1/15/00 9544727300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)