

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075349

1. Entity Name

MIKEL JORGE SALON, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90064 047 ***150.00

Principal Place of Business

Mailing Address

8000 W BROWARD BLVD
SUITE 127
PLANTATION FL 33388
US

8000 W BROWARD BLVD
SUITE 127
PLANTATION FL 33388
US

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 65-0524722

Applied For
Not Applicable

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

PASQUALE, MICHAEL
8000 W BROWARD BLVD #127
PLANTATION FL 33388

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 state 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, 2001 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 S
NAME PASQUALE, MICHAEL
STREET ADDRESS 8000 W BROWARD BLVD #127
CITY-ST-ZIP PLANTATION FL ☒ Delete

TITLE * (PRESIDENT)
NAME PASQUALE, MICHAEL
STREET ADDRESS 8000 W BROWARD BLVD #127
CITY-ST-ZIP PLANTATION FL ☒ Change ☒ Addition

TITLE P
NAME PASQUALE, GUS
STREET ADDRESS 11299 CORAL KEY DRIVE
CITY-ST-ZIP BOCA RATON FL ☒ Delete

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

TITLE VP
NAME PASQUALE, ELIZABETH
STREET ADDRESS 11299 CORAL KEY DRIVE
CITY-ST-ZIP BOCA RATON FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
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 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

DATE

Daytime Phone #

CP2E034 (10/00)