## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 18, 2000 8:00 am Secretary of State DOCUMENT # **P94000078464** 1. Entity Name ARTISTIC HAIR GALLERY, INC. 07-18-2000 90008 026 \*\*\*150.00 Principal Place of Business Mailing Address 180 NW 183RD STREET 180 NW 183RD STREET MIAMI FL 33169 MIAMI FL 33169 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0594930 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name HOLLEY, JOAN Street Address (P.O. Box Number is Not Acceptable) 755 N W 186 DRIVE Swite 123 **MIAMI FL 33169** Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete ☐ Addition TITLE TITLE HOLLEY, JOAN 755 NW 18TH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169** ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete T Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

## Artistic Hair Gallery, Inc. 180 NW 183 Street #123 Miami, FL 33169 (305) 651-0031

July 10, 2000

Florida State Department Division of Corporations

Dear Sir/Madam,

On July 10<sup>th</sup> I spoke to an officer on the phone regarding an ongoing problem with my business report. He suggested that I send a check in the amount of \$150 accompanied by this letter, to inform you that the first notice was not received. The reason may be due to an incomplete address. Please include the suite number #123 in the address as several shops on this strip plaza share the same main address.

Thank You,

Joan F. Holley

President