

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000085396

1. Entity Name

EUROPEAN HAIR TRENDS, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90068 044 ***150.00

Principal Place of Business

866 DIXON BLVD.
COCOA FL 32922

Mailing Address

866 DIXON BLVD.
COCOA FL 32922-5809

2. Principal Place of Business

862 DIXON BLVD
Suite, Apt. #, etc.

3. Mailing Address

862 DIXON BLVD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

COCOA FL
Zip 32922 Country

City & State

COCOA FL
Zip 32922 Country

4. FEI Number

59-3287890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABEL, SUSAN
1541 MCARTHUR LANE
COCOA FL 32922

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5150 LAKE POINSETT RD.

City COCOA

FL

Zip Code 32926

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

Susan Abel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-15-00

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

TITLE D ☐ Delete
NAME ABEL, SUSAN
STREET ADDRESS 1541 MCARTHUR LANE
CITY-ST-ZIP COCOA FL

TITLE D ☐ Delete
NAME HARDY, BONNIE
STREET ADDRESS 5010 TIMBER LANE
CITY-ST-ZIP COCOA FL 32926

TITLE D ☐ Delete
NAME ADEL, RICHARD
STREET ADDRESS 1541 MCARTHUR LANE
CITY-ST-ZIP COCOA FL

TITLE D ☐ Delete
NAME HARDY, LEE
STREET ADDRESS 5010 TIMBER LANE
CITY-ST-ZIP COCOA FL 32926

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5150 LAKE POINSETT RD
CITY-ST-ZIP COCOA FL 32926

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5150 LAKE POINSETT RD
CITY-ST-ZIP COCOA FL 32926

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

Susan Abel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-00

Date

321-639-1187

Daytime Phone #

CR20034 (9/99)