

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90091 003 ***150.00

DOCUMENT # P95000003706

1. Entity Name
FICKLE FOLLICLE HAIR SALON, INC.

Principal Place of Business 5930 HALLANDALE BCH. BLVD. HOLLYWOOD FL 33023	Mailing Address 5930 HALLANDALE BCH. BLVD. HOLLYWOOD FL 33023-5246
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0541390	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLAKE, MONTROSE
5930 HALLANDALE BCH. BLVD.
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

Name Daliah M. Blake
Street Address (P.O. Box Number is Not Acceptable) 8449 S.W. 22 St.
City MIRAMAR FL Zip Code 33025

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 *Daliah Blake* DATE 4-25-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	D BLAKE, MONTROSE 8449 SW 22 ST. MIRAMAR FL 33025	<input checked="" type="checkbox"/> Delete	
	D BLAKE, DALIAH M 8449 SW 22 ST. MIRAMAR FL 33025	<input type="checkbox"/> Delete	
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Delete	
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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: *Daliah Blake* **DALIAH BLAKE** DATE 4-25-00 DAYTIME PHONE # 954-987-5222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)