

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003818

1. Entity Name

DIS-CUTS FAMILY SALON ONE, INC.

*f*

Principal Place of Business

3831 W. VINE STREET  
KISSIMMEE FL 34741

Mailing Address

3831 W. VINE STREET  
KISSIMMEE FL 34741

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

59-3289806

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

KHALIL, JABREE  
1902 ELLERY LANE  
KISSIMMEE FL 34741

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 title 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME D  
STREET ADDRESS KHALIL, JABREE  
CITY-ST-ZIP 1902 ELLERY LANE  
KISSIMMEE FL 34741

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/10/2000 407 870 5552  
Date Daytime Phone #

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90004 028 \*\*\*150.00

A0067947



DO NOT WRITE IN THIS SPACE

CR2E034 (3/00)

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July 10<sup>th</sup> / 2000

Division of Corporations

To Whom It May Concern:

Dis-cut Family Salon and it agents did not recieve the first notice of the 2000 Uniform Business report. However, we did mail payment of 150.00 which we understand has been returned. We Include a completed 2000 UBR with payment of 150.00. Thank you, For any questions, call Jabre or LAILA KHALIL AT 407-870 5552

Thank You  
Laila Khalil  
Jabre Khalil