

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000008350

1. Entity Name
SALON PRIVE, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90015 010 ***150.00

Principal Place of Business

1396 SW 160 AVE
SUITE 3
SUNRISE FL 33326
US

Mailing Address

1396 SW 160 AVE
SUITE 3
SUNRISE FL 33326
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

65-0558353

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

CACCIATORE, DIANE L
1396 SW 160 AVE
SUITE 3
SUNRISE FL 33326

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 P
NAME CACCIATORE, DIANE L
STREET ADDRESS 1396 SW 160 AVE #3
CITY-ST-ZIP SUNRISE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME CACCIATORE, DIANE
STREET ADDRESS 1396 SW 160 AVE #3
CITY-ST-ZIP SUNRISE FL

☐ Delete

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☐ 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 #

7-7-00

(954) 319-9220

pgs 000008350

40067329

SALON PRIVE
1396-3 S.W. 160 Avenue
Sunrise, Florida 33326
(305) 349-9220

July 7, 2000

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302

Dear Sirs:

Please be advised that on July 6, 2000 I received a second notice for filing corporate documents. Today, I contacted the Secretary of State and spoke with a gentleman in that office who advised that I write you to inform you that I never received the first notice. The gentleman further stated that I should send the original amount of \$150.00 as your records will clearly show that I always renewed as soon as the notice was received.

Enclosed please find the renewal form together with my check in the amount of \$150.00 representing your fee.

Very truly yours,

DIANE L. CACCIATORE



DC:lw