

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033223

1. Entity Name

JAK SALONS, INC.

Principal Place of Business

Mailing Address

3351 SHERIDAN STREET
HOLLYWOOD FL 33021

3351 SHERIDAN STREET
HOLLYWOOD FL 33021-3606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0575637

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

COHEN, ALVIN J
~~7637 S.W. 102ND PLACE~~
~~MIAMI FL 33173~~

Name

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

1001 N. CYPRESS CREEK RD #100

City

FT. LAUDERDALE

FL

Zip Code

33309

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 \$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

TITLE ☐ Delete
NAME COHEN, ALVIN J
STREET ADDRESS ~~7637 S.W. 102ND PLACE~~
CITY-ST-ZIP ~~MIAMI FL 33173~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 22508 CANALVIEW CIRCLE
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete
NAME COHEN, JACQUELINE
STREET ADDRESS 7637 S.W. 102ND PLACE
CITY-ST-ZIP MIAMI FL 33173

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 22508 CANALVIEW CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ Delete
NAME PRICE, KAREN
STREET ADDRESS 3291 N 37TH ST
CITY-ST-ZIP HOLLYWOOD FL

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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CITY-ST-ZIP

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/00 (954) 983-0100