

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000066600

1. Entity Name

MARILYN'S A NEW YORK SALON, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90028 029 ***150.00

Principal Place of Business

Mailing Address

3416 SOUTH UNIVESITY DRIVE
DAVIE FL 33324

3416 SOUTH UNIVESITY DRIVE
DAVIE FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0606050

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, JANET
2700 W OAKLAND PARK BLVD
STE 24C
FT. LAUDERDALE FL 33311

Name

Janet Phillips

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

8741 N.W. 57th St.

Tammanac

City

FL

Zip Code

33351

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 PD
NAME ROSS, ELLEN
STREET ADDRESS 8 N.W. 45TH AVENUE
CITY-ST-ZIP DEERFIELD BEACH FL 33442

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Ellen Ross
4091 Coral Springs Dr
Coral Springs FL 33065

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V/D

☐ Change ☒ Addition

Carl Camarda
808 NE 29th Dr.
Pt. Lauderdale, FL 33334-2664

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 #

4/25/00

(954) 452-1988