

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90014 028 ***150.00

DOCUMENT # P95000081351

1. Entity Name

MIA'S HAIR SALON, INC.

Principal Place of Business

**2822 H HIGHWAY 71
 MARIANNA FL 32446**

Mailing Address

**2822 H HIGHWAY 71
 MARIANNA FL 32446**

2. Principal Place of Business

2884 JEFFERSON STREET

Suite, Apt. #, etc.

3. Mailing Address

2884 JEFFERSON STREET

Suite, Apt. #, etc.

City & State

MARIANNA, FL

City & State

MARIANNA, FL

Zip

32446

Country

JACKSON

Zip

32446

Country

JACKSON

4. FEI Number

59-3346494

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

**DONOFRO, GINA MIA
 2822 H HIGHWAY 71
 MARIANNA FL 32446**

Name

GINA MIA DONOFRO

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

2884 JEFFERSON STREET

City

MARIANNA

FL

Zip Code

32446

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, 2001 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 **P** ☐ Delete
 NAME **DONOFRO, GINA M**
 STREET ADDRESS **2822 H HIGHWAY 71**
 CITY-ST-ZIP **MARIANNA FL 32446**

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

TITLE **S** ☐ Delete
 NAME **BURLESON JULI A**
 STREET ADDRESS **2822 H HIGHWAY 71**
 CITY-ST-ZIP **MARIANNA FL 32446**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

ONEIDA SIMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-23-01 850-442-6888

Date Daytime Phone #

CR2E034 (10/00)