

# 2000 UNIFORM BUSINESS REPORT (UBR)

1082

**DOCUMENT # P95000085578**

1. Entity Name  
**EMILIA HAIR DESIGN, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 19 AM 9:23

Principal Place of Business  
16626 SADDLE CLUB RD  
FORT LAUDERDALE FL 33326

Mailing Address  
16626 SADDLE CLUB RD  
FORT LAUDERDALE FL 33326



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number **65-0620462**  
Applied For  
 Not Applicable

Zip Country Zip Country

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**

**RODRIGUEZ, MARIE E  
1988 SACRAMENTO DR  
WESTON FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, MARIE E</b>
STREET ADDRESS	<b>1988 SACRAMENTO DR</b>
CITY-ST-ZIP	<b>WESTON FL 33324</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<b>400003342804--2</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>-08/01/00-01995-002</b>
CITY-ST-ZIP	<b>****158.75 ****158.75</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>8/1/27</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marie E Rodriguez* President 7/1/00 (954) 384-4029  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

7-11-00<sup>20Fr</sup>

To whom it may concern,  
This letter is to inform you that  
I Marie Rodriguez sent my 2000 Uniform  
Business Report (UBR) for Emilia Hair  
Design. In July I received another Report  
with late fees to be paid. I then called  
your offices to inquire. I was told  
that the check was not sent with the  
1<sup>ST</sup> report and that you had sent  
me a letter to inform me. I never  
received a letter and I am now sending  
the check for report to be processed.

Thank-You

Marie Rodriguez

you may contact me at:

16626 Saddle Club Rd

Weston, Fl. 33326

OR

954-389-0099.