

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90012 029 ***150.00

00077893

DO NOT WRITE IN THIS SPACE

DOCUMENT # P960000016460
 1. Entity Name
 HAIR DESIGNS by BLUMA, INC. (R)

Principal Place of Business Mailing Address
 112 N. 46 AVENUE 16418 NE 31 AVENUE
 HOLLYWOOD, FL 33021 N. MIAMI BEACH, FL
 33160-4135

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 65-0653074 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BLUMA KAFKA
 20840 SAN SIMEON WAY STE 704
 N. MIAMI BEACH, FL 33179

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 16418 NE 31 AVENUE
 City N. MIAMI BEACH FL Zip Code 33160-4135

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] (NOTE: Registered Agent signature required when reinstating) DATE 8/6/2000

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	D, PVPST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUMA KAFKA		NAME		
STREET ADDRESS	16418 NE 31 AVE.		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160-4135		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] 8/6/2000 954-985-3888
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34 (9/99)

Attachment
D077893
OFF PR 600001660

**HAIR DESIGNS BY BLUMA, INC.
16418 N.E. 31 AVENUE
NORTH MIAMI BEACH, FL 33160-4135**

August 2, 2000

Department of State
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

Per instructions from your department, I am sending the 2000 Uniform Business Report with my check for \$150 in payment of my annual filing fee. Please waive the late penalty as the UBR was sent to an old address and I never received it.

Thank you for your courtesy and cooperation in this matter.

Sincerely,



Bluma Kafka
President