

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90005 003 ***150.00

DOCUMENT # P96000037841

1. Entity Name

HAIR 4 U, INC.

VIBES RESTAURANT & Lounge

Principal Place of Business

1502 NW 19 STREET
FT. LAUDERDALE FL 33311

Mailing Address

3204 NW 104 TERRACE
SUNRISE FL 33351-6826

2. Principal Place of Business

3. Mailing Address

1502 NW 19 STREET 3204 NW 104 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT Lauderdale

City & State

Sunrise FL

Zip

33311

Country

U.S.A

Zip

33351

Country

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0658983

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, LORNA C
1502 NW 19 STREET
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name VIBES RESTAURANT & Lounge

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

1502 NW 19 STREET

FT Lauderdale

City FL

FL

Zip Code 33311

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 LORNA WALKER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/2000
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

TITLE P ☐ Delete
NAME WALKER, LORNA C
STREET ADDRESS 1502 NW 19 STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE ST ☐ Delete
NAME WALKER, NICOLE
STREET ADDRESS 3204 NW 104TH TERRACE
CITY-ST-ZIP SUNRISE FL-33351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

LORNA WALKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2000 954-524-8710
Date Daytime Phone #

CR2E034 (9/99)