

2000 UNIFORM BUSINESS REPORT (UBR)

6

FILED
Jul 20, 2000 8:00 am
Secretary of State

06-05-2000 90045 008 ***155.00

DOCUMENT # P96000061275

1. Entity Name

SONIA'S HAIR SALON, INC.

Principal Place of Business

Mailing Address

815 W. BEARSS AVENUE
 815
 TAMPA FL 33613
 US

815 W. BEARSS AVENUE
 815
 TAMPA FL 33613-1233
 US

2. Principal Place of Business

815 W BEARSS AV

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

FL

Zip

33613

Country

Zip

Country

4. FEI Number

59-3386396

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, SONIA
 16117 COOPERFIELD DR
 TAMPA FL 33618

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

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 \$950.00~~

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 Delete
 NAME **D GARCIA, SONIA**
 STREET ADDRESS **815 W BEARSS AVE.**
 CITY-ST-ZIP **TAMPA, FL 33613**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)