

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071726

1. Entity Name

SALON 100-CYPRESS, INC.

**FILED**  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90376 026 \*\*\*150.00

Principal Place of Business

6337 NORTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33309

Mailing Address

6337 NORTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

1598 NE 26 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUD. FL

Zip

Country

33334

Country

USA

4. FEI Number 65-0691603

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

JIMENEZ, NELSON  
6337 N ANDREWS AVE  
FT LAUDERDALE FL 33305

Name

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

1598 NE 26 ST

FT. LAUD.

FL

33334

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 PSTD  
NAME JIMENEZ, NELSON  
STREET ADDRESS 6337 NORTH ANDREWS AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 1598 NE 26 ST  
CITY-ST-ZIP FT. LAUD. FL. 33334 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 (10/00)