

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086023

1. Entity Name

SHARP IMPRESSIONS BEAUTY SALON INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90118 017 \*\*\*150.00

Principal Place of Business

Mailing Address

3980 NW 37 STREET  
LAUDERDALE LAKES FL 33009

3980 NW 37 STREET  
LAUDERDALE LAKES FL 33009-5300

2. Principal Place of Business

3. Mailing Address

3980 NW 37 Street  
Suite, Apt. #, etc.  
LAUDERDALE LAKES

3980 NW 37 ST  
Suite, Apt. #, etc.  
LAUDERDALE LAKES

City & State  
Florida

City & State  
Florida

Zip  
33023

Country  
USA

Zip  
33023

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0703672  
☒ 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

DICKERSON, BLOSSOM M  
7625 CORAL BLVD.  
MIRAMAR FL 33023

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 Blossom Dickenson OWNER DATE 4/25/00  
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 \$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	P	<input type="checkbox"/> Delete
NAME	DICKENSON, BLOSSOM	
STREET ADDRESS	3980 NW 37 STREET	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33009	
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
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: Blossom Dickenson 4/25/00 854-731-5887  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)