

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088017

1. Entity Name

L. & J. BEAUTY SALON, INC.

Principal Place of Business

1028 NORTHWEST 8TH AVENUE
FORT LAUDERDALE FL 33311

Mailing Address

1028 NORTHWEST 8TH AVENUE
FORT LAUDERDALE FL 33311

2. Principal Place of Business

Land & J Beauty Salon
Suite, Apt. #, etc.
1028 NW 8th Ave
City & State
Fort Lauderdale FLA

3. Mailing Address

1028 NW 8th Ave
Suite, Apt. #, etc.
Fort Lauderdale
City & State
FLA

4. FEI Number

65-0767920

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, RAYMONDE A
8000 NW 53RD CT
LAUDERHILL FL 33311

7. Name and Address of New Registered Agent

Name
Raymonde Joseph
Street Address (P.O. Box Number is Not Acceptable)
8000 NW 53rd
Lauderhill FLA
City & State
Lauderhill FLA FL Zip Code
33351

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

Raymonde A Joseph
Signature, typed or printed name of registered agent and title if applicable.
NOTE: Registered Agent signature required when reinstating.
1/10/2001

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

TITLE	P	NAME	AUGUSTE, LUCKNER	<input type="checkbox"/> Delete
STREET ADDRESS			8000 NW 53RD CT	
CITY-ST-ZIP			LAUDERDALE FL 33351	
TITLE	P	NAME	LUCKMER, AUGUSTE	<input type="checkbox"/> Delete
STREET ADDRESS			8000 NW 53RD CT	
CITY-ST-ZIP			LAUDERDALE FL 33351	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

01-23-2001 90103 023 ***158.00

1/2

001060



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)