

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000099122**

1. Entity Name

**THE COUNTRY ISLES SALON, INC.****FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90311 034 \*\*\*150.00

Principal Place of Business

1132 WESTON ROAD  
FT. LAUDERDALE FL 33326

Mailing Address

1132 WESTON ROAD  
FT. LAUDERDALE FL 33326-1915

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0711791**Applied For  
Not Applicable5. 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

**PARISI, PETER P**  
**2832 N.E. 21ST COURT**  
**FT. LAUDERDALE FL 33305**

Name

Street Address (P.O. Box Number Not Applicable)

**4045 NW 16th STREET 111**

City

**FT. LAUDERDALE**

FL

Zip Code

**33313**

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 \$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 **D** ☐ Delete  
NAME **MOORE, RICHARD**  
STREET ADDRESS **11200 1ST COURT**  
CITY-ST-ZIP **PLANTATION FL**TITLE **D** ☐ Delete  
NAME **TURPIN, DANIEL**  
STREET ADDRESS **2832 NE 21ST COURT**  
CITY-ST-ZIP **FT. LAUDERDALE FL**TITLE **D** ☐ Delete  
NAME **TURPIN-COZINE, SHERIL**  
STREET ADDRESS **11351 SW 8TH PLACE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33025**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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)