## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # **P97000020980** Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** FRANK'S HAIR DESIGNERS, INC. 03-01-2000 90023 008 \*\*\*150.00 Mailing Address Principal Place of Business 8259 N PINE ISLAND ROAD 8259 N PINE ISLAND ROAD TAMARAC FL 33321-1541 TAMARAC FL 33321 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 65-0737643 Not Applicable Zip Country \$8.75 Additional Zip Country Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAZLAMET, FRANK Street Address (P.O. Box Number is Not Acceptable) -1861 S FEDERAL HIGHWAY #315 BOCA RATON FL 33432. 8. The above name centrity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) $\Box$ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE BAZLAMET, FRANK NAME NAME 6,69 Balboa Circle # 404 Boca Ratin F1 33433 STREET ADDRESS STREET ADDRESS 1361 S FEDERAL HWY #315 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432 VSD** ☐ Delete TITLE TITLE NAPOLEON, JUDITH T NAME NAME STREET ADDRESS 1361 S FEDERAL HWY #315 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** TITLE Delete \*\* TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.