

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030706

1. Entity Name

SALON RENAISSANCE, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90040 027 ***150.00

701825



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2910 N FEDERAL HWY
BOCA RATON FL 33431**

Mailing Address

**5801 CAMINO DEL SOL #306
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0757306

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

**DAMIANO, RAYMOND
5801 CAMINO DEL SOL
306
BOCA RATON FL 33433**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	DAMIANO, RAYMOND	5801 CAMINO DEL SOL #306	BOCA RATON FL 33433				
VP	DESILVIO, NICK	5510 PACIFIC BLVD APT 104	BOCA RATON FL 33433				
T	LISKOWYCZ, MICHAEL	5801 CAMINO DEL SOL #306	BOCA RATON FL 33433				

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: 1/11/01 361-392-0022 Daytime Phone #