

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037818

1. Entity Name

SOUTHERN STAR SALON SERVICES, INC.

Principal Place of Business

282 BRYAN RD  
DANIA FL 33004

Mailing Address

385 OSER AVE  
HAUPPAUGE NY 11788-3607

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

06-0755542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES INC  
3260 BALDWIN DRIVE WEST  
TALLAHASSEE FL 32308

282 BRYAN RD DANIA

7. Name and Address of New Registered Agent

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, 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	P	<input type="checkbox"/> Delete
NAME	COHEN, JEFF	
STREET ADDRESS	270 SOUTHDOWN RD	
CITY-ST-ZIP	LLOYD HARBOR NY 11743	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARAVELLA, LOUIS	
STREET ADDRESS	37 SUMMET DRIVE	
CITY-ST-ZIP	SMITHTOWN NY 11787	
TITLE	S	<input type="checkbox"/> Delete
NAME	KANTERMAN, MARK	
STREET ADDRESS	225 CHERRY PLACE	
CITY-ST-ZIP	EAST MEADOW NY 11554	
TITLE	S	<input type="checkbox"/> Delete
NAME	SUDALEY, MIKE	
STREET ADDRESS	92 SCARLETT DR	
CITY-ST-ZIP	COMMACK NY 11725	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAUM, PETER	
STREET ADDRESS	5584 SW 28TH TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOLFETTA, J.P.	
STREET ADDRESS	14 COX COURT	
CITY-ST-ZIP	SUFFNER NY 10901	

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
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
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

2/1/00

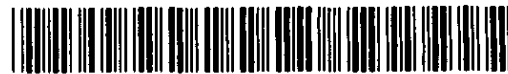
Date

Daytime Phone #

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90039 036 \*\*\*150.00

00014615



DO NOT WRITE IN THIS SPACE