

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050558

1. Entity Name
MARIA'S OF NEW YORK BARBER AND HAIR SALON, INC.

Principal Place of Business
12844 US HWY ONE
JUNO BEACH FL 33408

Mailing Address
12844 US HWY ONE
JUNO BEACH FL 33408

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 65-0760578

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

STEWART, JAMES M ESQ
1211 THE PLAZA
SINGER ISLAND FL 33404

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 **D** ☐ Delete
NAME **ESPOSITO, ANTONINA**
STREET ADDRESS **1503 15TH TERRACE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **D** ☒ Change ☐ Addition
NAME **ZAMPANO, ANTONINA**
STREET ADDRESS **803 ST. GILES TERRACE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Antonina Zampano* ANTONINA ZAMPAUO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 622 9600



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)