## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000056082 Feb 23, 2000 8:00 am 1. Entity Name Secretary of State SHEAR ELEGANCE COIFFURE INC. 02-23-2000 90017 020 \*\*\*150.00 Principal Place of Business Mailing Address 18284 CLEARBROOK CIRCLE 18284 CLEARBROOK CIRCLE BOCA RATON FL 33498-1945 BOCA RATON FL 33498-1945 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc: ^ " Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0764050 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROLDAN, JUAN CARLOS Street Address (P.O. Box Number is Not Acceptable) 18284 CLEARBROOK CIRCLE BOCA RATON FL 33498-1945 Zip Code City FI 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 \* MOFFICERS AND DIRECTORS 11. 12. ☐ Addition Change PD Delete TITLE ROLDAN, JUAN CARLOS NAME STREET ADDRESS STREET ADDRESS 18284 CLEARBROOK CIRCLE CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33498-1945 ☐ Change ☐ Addition TITLE ☐ Delete TITLE KEMP, SANDRA ROSE NAME NAME STREET ADDRESS 18284 CLEARBROOK CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON.FL 33498-1945 Change ☐ Addition ☐ Delete TITLE TITLE ROLDAN, DORA A NAME NAME STREET ADDRESS 18284 CLEARBROOK CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498-1945** Addition Delete TITLE 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 ☐ Change ☐ Addition ☐ Defete DITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 true e 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

waitly blene Privaire Roldan

2-16-00

(561) 477-1270

Daytime Phone #