## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 16, 2001 8:00 am DOCUMENT # P97000056082 **Secretary of State** 1. Entity Name SHEAR ELEGANCE COIFFURE INC. 01-16-2001 90099 008 \*\*\*155.00 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 | TO18 Charleston Shores 3. Mailing Address Same AbovE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc AKE WORTH Applied For City & State City & State 4. FEI Number 65-0764050 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required P.B.C 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 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 esident SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees $\Box$ Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ■ Addition ☐ Change PD ☐ Delete TITLE TITLE NAME NAME ROLDAN, JUAN CARLOS STREET ADDRESS STREET ADDRESS 18284 CLEARBROOK CIRCLE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498-1945** ☐ Addition Change 1 Delete TITLE ٧D TITLE KEMP BANDAA ROSE NAME KEMP, SANDRA ROSE NAME 1483 WHITE PINE DRIVE STREET ADDRESS STREET ADDRESS 18284 CLEARBROOK CIRCLE WELLINGTON, FL CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498-1945** ☐ Delete ~ TITLE TITLE NAME ROLDAN, DORA A STREET ADDRESS STREET ADDRESS 18284 CLEARBROOK CIRCLE CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33498-1945** Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE 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 attathment with an address, with all other like empowered.