2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082719

1. Entity Name

MAGNIFICENT HAIR AND NAIL UNISEX BEAUTY SALON, I

Principal Place of Business	Mailing Address
6272 MIRAMAR PKWY MIRAMAR FL 33023	6272 MIRAMAR PKWY MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

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   65-0797238 | 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
MONTIQUE, MICHAEL J 6628 ARBOR DRIVE MIRAMAR FL 33023	Name *MURVELY N LEE* Street Address (P.O. Box Number is Not Acceptable) *6628 ARBOR DRWE* City *MIRAMAR* FL Zip Code *33023*

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 *Murvely Lee*

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 **PD** NAME **LEE, MURVELY N** STREET ADDRESS **6628 ARBOR DRIVE** CITY-ST-ZIP **MIRAMAR FL 33023**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **TD** NAME **MONTIQUE, MICHAEL J** STREET ADDRESS **6628 ARBOR DRIVE** CITY-ST-ZIP **MIRAMAR FL 33023**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: *Murvely Lee*   7/19/01   (954)987-2072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Attachments

Wilson & Company
ACCOUNTING & TAX SERVICES, INC.
6151 Miramar Parkway – Suite 106
Miramar, FL 33023-3970
Ph (954) 963-0352
Fx (954) 967-8314

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773591

July 20, 2001

Florida Department of State
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

I am returning to you, the following UBR – 2001:-

1. 3 J'S WASTE, INC. P00000058156 along with check for $150.00
2. Magnificient Hair & Nails_____ . .P97000082719 with check for $150.00
3. World Link Services, Inc. along with duplicate of prior UBR filed with duplicate check for $150.00.

It appear to me that something has gone wrong from your end, because so many UBRs which were filed with you and which you actually received and deposited the checks are being asked for a second time. For example item #3 above is one of such.

I would appreciate it if you would please sign the attached copy of this letter as evidence of your having received it and return to me.

Thanking you,
Yours truly,

Alfred R. Wilson – Accountant