

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092258

1. Entity Name

FRANCES HAIR STYLING, INC.

D

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90002 043 \*\*\*150.00

Principal Place of Business  
3815 N. ANDREWS AVE.  
OAKLAND PK FL 33309  
US

Mailing Address  
3815 N. ANDREWS AVE.  
OAKLAND PK FL 33309  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0793815**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ZOLAKHA FRANCIS**  
**8649 MIRAMAR PKY.**  
**MIRAMAR FL 33025**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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                      | DPST                 | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FRANCIS, ZOLAKHA     |                                 | NAME  |  |   |
| STREET ADDRESS             | 8649 MIRAMAR PARKWAY |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | MIRAMAR FL 33025     |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |                                 | NAME  |  |   |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |                                 | NAME  |  |   |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |                                 | NAME  |  |   |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |                                 | 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 attachment with an address, with all other like empowered.

SIGNATURE: Zolakha Francis (ZOLAKHA FRANCIS) 01-03-01 954-565-3080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0251868

CR2E034 (10/00)