

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093441

1. Entity Name

5 STAR BARBER SHOP, INC.

Principal Place of Business

9 EAST CANAL STREET, SOUTH
BELLE GLADE FL 33430

Mailing Address

980 LINDA RD.
BELLE GLADE FL 33430-4606

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90194 039 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0817797**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAMOS, WENDY
980 LINDA RD.
BELLE GLADE FL 33430

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

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	RAMOS, ELIAS JR	
STREET ADDRESS	980 LINDA ROAD	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMOS, BARBARA	
STREET ADDRESS	980 LINDA ROAD	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMOS, WENDY	
STREET ADDRESS	980 LINDA ROAD	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Wendy Ramos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00 561-996-9674

Date

Daytime Phone #

CR2E034 (9/99)