

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Trendy Looks inc

P97000095848

Principal Place of Business

Mailing Address

801 N CONGRESS AVE STE 427
Boynton Beach - FL - 33426

2. Principal Place of Business

3. Mailing Address

801 N Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 427

City & State

Boynton-Beach

City & State

FL

Zip

Country

Zip

Country

33426

6. Name and Address of Current Registered Agent

4. FEI Number

65-0794926

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

~~Trendy Looks inc~~ Majid Mohajer

Street Address (P.O. Box Number is Not Acceptable)

(Same as last year)

801 N Congress Ave Suite 427

City

Boynton Beach - FL FL

Zip Code

33426

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 NAME STREET ADDRESS CITY-ST-ZIP
Trendy Looks inc 801 N Congress Ave suite 427 Boynton Beach - FL - 33426

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MAJID, MOHAJER-Pour President-owner 8735 RAMBLEWOOD Dr # 310 Coral Springs, FL 33071

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90167 001 *****8.75

05-11-2000 90167 002 ***150.00

13770

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)