

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90140 034 ***150.00

DOCUMENT # P98000006782

1. Entity Name

PIZAZZ SALON, INC.

Principal Place of Business

Mailing Address

7900 N.W. 27TH AVENUE
 SUITE 129
 MIAMI FL 33147

7900 N.W. 27TH AVENUE
 SUITE 129
 MIAMI FL 33147-4902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0813693

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MORRIS, DESERIEN
4355 N.W. 197TH STREET
MIAMI FL 33055

Name

MORRIS, WALDERMAN

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

4355 NW 197 ST

City

MIAMI

FL

Zip Code

33055

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MORRIS, DESERIEN		NAME:	
STREET ADDRESS: 4355 NW 197 ST		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL 33055		CITY-ST-ZIP:	
NAME: MORRIS, WALDERMAN		NAME:	
STREET ADDRESS: 4355 NW 197 ST		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL 33055		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
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 either like empowered.

SIGNATURE:

MORRIS, WALDERMAN

Date

Daytime Phone #

MORRIS 4/29/00 (305) 836-9700

CR2E034 (9/99)