

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018833

1. Entity Name

HAIR LOGIX OF SOUTH FLORIDA, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90090 006 \*\*\*150.00

Principal Place of Business

Mailing Address

16 CORTEZ WAY  
DAVIE FL 33324

16 CORTEZ WAY  
DAVIE FL 33324-5433

2. Principal Place of Business

3. Mailing Address

1825 South University Drive  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAVIE FLA

Zip

Country

Zip

Country

33324

33324

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATRANGA, DARLEEN  
16 CORTEZ WAY  
DAVIE FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME MATRANGA, DARLEEN  
STREET ADDRESS 16 CORTEZ WAY  
CITY-ST-ZIP DAVIE FL 33324

☐ Delete

TITLE VP  
NAME LANDSMAN, BRIAN  
STREET ADDRESS 16 CORTEZ WAY  
CITY-ST-ZIP DAVIE FL 33324

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)