

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019783

1. Entity Name

HAIRCRAFTERS OF BROOKSVILLE, INC.

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

05-24-2000 90031 001 ***150.00

Principal Place of Business

19474 US 41
BROOKSVILLE FL 34601

Mailing Address

6900 JERICHO TURNPIKE
SUITE 100LL
SYOSSET NY 11791

2. Principal Place of Business

3. Mailing Address

7201 METRO BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MINNEAPOLIS, MN

4. FEI Number

11-3447876

Applied For

Not Applicable

Zip

Country

Zip

Country

55439-2103

USA

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

GARRETT, JODY
C/O GREAT WAVES, INC.
3435 ROSEBAY COURT
SPRING HILL FL 34609

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 NAME STREET ADDRESS CITY-ST-ZIP	PD OREN, RON 6900 JERICHO TURNPIKE SYOSSETT NY 11791	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BALLEGEER, LAURA 6900 JERICHO TURNPIKE SYOSSETT NY 11791	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATES, LOUISE 6900 JERICHO TURNPIKE SYOSSETT NY 11791	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAUL FINKELSTEIN 7201 METRO BOULEVARD MINNEAPOLIS, MN 55439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSID BERT GROSS 7201 METRO BOULEVARD MINNEAPOLIS, MN 55439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHRINIVAS KOLATKAR 7201 METRO BOULEVARD MINNEAPOLIS, MN 55439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

BERT GROSS

4-27-2000

Date

9521947-777

Daytime Phone #

CR2E034 (9/99)