

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90019 003 ***150.00

DOCUMENT # **P98006630491**

1. Entity Name

Magic Hair and Nail Beauty Salon, Inc.

Principal Place of Business

Mailing Address

00057548

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2421 WEST OAK Ridge Rd

3. Mailing Address

2421 W. Oak Ridge Rd

Suite, Apt. #, etc.

Orlando Fl.

Suite, Apt. #, etc.

Orlando Fl.

City & State

32809

City & State

32809

Zip

Country

USA

Zip

32809

Country

USA

4. FEI Number

59-3523375

Applied For

Not Applicable

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

Edner Joseph, Resident Agent
2421 WEST OAK Ridge Rd
Orlando Fl. 32809

Name

SAME

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

SAME

City

SAME

FL

Zip Code

SAME

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 **X**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-30-2001

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☒

FILE NOW!!
After MAY 1, 2001
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 ☐ Delete
NAME **Edner Joseph**
STREET ADDRESS **2421 WEST OAK Ridge Road**
CITY-ST-ZIP **Orlando, Florida 32809**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **NONE**

TITLE ☐ Delete
NAME **Guerda Joseph**
STREET ADDRESS **2421 WEST OAK Ridge Road**
CITY-ST-ZIP **Orlando Fl.**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **NONE**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **NONE**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **NONE**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **NONE**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **NONE**

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

Edner Joseph 5-30-01 (407) 859-4992

Date

Daytime Phone #

CR2E034 (11/00)