## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEF'ARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000035621 1. Corporation Name

MILLENIUM HAIR DESIGN, INC.

Principal Flace of Business

Mailing Address

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90198 007 \*\*\*150.00



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						3. Date Incorporated or Qualifed			
						04/20/1998	· ·		
0.00000	No. of Decision of	22 Mailing Address				4 55111			An aliced For
2. Principal P	lace of Business	2a. Mailing Address 26 9252 54		IΛ	Short	65-0829403		J	Applied For
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Suite, Apt.	#, etc.	Suite, Apr. #, etc.				5. Certificate of Status Desired			Additional Required
22		27							
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23		28 mlam'		untry	au .	Trust I und Contribution			d to Fees
— Zip ──	Country	Zip	$\overline{}$	untry U.S	c s	8. This corporation owes the cu	irrent year inta	ingible Yes	□No
24	25	29 33145	30	$u_{-}$	)H	Personal Property Tax.  10. Name and Address of New	Pogistered		
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New	Registered /	Agent	
ODT	TO JOSEINA			"	1401110				
ORTIZ, JOSEFINA 2640 SW 103 COURT				82 Street Address (P.O. Box Number is Not Acceptable)					
2640 SW 103 COURT				]					
MAIM	MI FL 33165			83					
				84	City			85 Zi	p Code
					O <b>,</b>		FL		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the ε	bove	-named cc rpor	ration submi s this statement for th	e purpose of	changing	ts registered
office or r agent. I a	registered agent, or both, in the State communication metalliar with, and accept the obligations.	ons of, Section 607.0505, Fi	rida Stat	tutes.	ne corporation	r's board of directors. I hereby acc	ept the aption	illilent as	registered
SIGNATUFE	Signature, typed or printed name of registered agent	t and title if analicable (NOT	- Registere	d Agen!	signature required v	when reinstating)	DATE		
12.	OFFICERS ANI		13.		signature ruq. 1150 y	ADDITIONS/CHANGES TO C		D DIREC	FOF:S IN 12
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NAME	ORTIZ. GUALBERTO			IAME	i				
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14. 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 annual report or supplemental a inual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.