

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040733

1. Entity Name

PERFECT LOOK HAIR DESIGN INC. ✓

Principal Place of Business

15548 S.W. 111 TERRACE
MIAMI. FL. 33196

Mailing Address

15548 S.W. 111 TERRACE
MIAMI. FL. 33196

2. Principal Place of Business

7372 S.W. 117 AVE.

Suite, Apt. #, etc.

3. Mailing Address

7372 S.W. 117 AVE.

Suite, Apt. #, etc.

City & State

MIAMI. FLORIDA.

City & State

MIAMI. FLORIDA

4. FEI Number

65-0850608

Applied For

Not Applicable

Zip

33183

Country

Zip

33183

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAROUKH, ABRAHAM
15548 S.W. 111 TERRACE
MIAMI. FL. 33196

7. Name and Address of New Registered Agent

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, 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

TITLE P ☐ Delete
NAME BAROUKH, ABRAHAM
STREET ADDRESS 15548 S.W. 111 TERRACE
CITY-ST-ZIP MIAMI. FL. 33196

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☒ Addition
NAME BAROUKH, ABRAHAM
STREET ADDRESS 15548 S.W. 111 Terrace
CITY-ST-ZIP MIAMI. FL. 33196

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-2000

Date

Daytime Phone #

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-07-2001 90193 042 ***150.00

26724

DO NOT WRITE IN THIS SPACE

CR2E034 (1/1/00)