

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043905

1. Entity Name

NEW MILLENNIUM HAIR SALON, INC.

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

04-07-2000 90076 050 ***150.00

Principal Place of Business
20326 NW 2ND AVENUE
NORTH MIAMI FL 33169

Mailing Address
20326 NW 2ND AVENUE
NORTH MIAMI FL 33169-2503

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0837075
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STUBBS, CEDRIC R
20326 NW 2ND AVENUE
NORTH MIAMI FL 33169

7. Name and Address of New Registered Agent

Name JIMMY JACKSON
Street Address (P.O. Box Number is Not Acceptable)
4355 N.W. 203rd St
City MIAMI FL Zip Code 33055

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 Cedric R Stubbs
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 3/1/00

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	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUBBS, CEDRIC R		NAME	JIMMY D. JACKSON	
STREET ADDRESS	722 NW 170TH STREET		STREET ADDRESS	4355 N.W. 203rd St	
CITY-ST-ZIP	NORTH MIAMI FL 33169		CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUBBS, DECHANTA		NAME	VANESSA JACKSON	
STREET ADDRESS	722 NW 170TH STREET		STREET ADDRESS	4355 N.W. 203rd St	
CITY-ST-ZIP	NORTH MIAMI FL 33169		CITY-ST-ZIP	MIAMI, FL 33055	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Cedric R Stubbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3/1/00 Daytime Phone # (305) 430-9910

CR2E034 (9/99)