

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 26, 2000 8:00 am**
Secretary of State

05-26-2000 90071 015 ***150.00

DOCUMENT # P98000075213

1. Entity Name

STUDIO Z HAIR & NAILS, INC.

Principal Place of Business

Mailing Address

**1575 NORTHEAST 26TH STREET
WILTON MANORS FL 33305-1323****1575 NORTHEAST 26TH STREET
WILTON MANORS FL 33305-1323**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0863565

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****ZUPAN, GARY
1575 NORTHEAST 26TH STREET
WILTON MANORS FL 33305-1323**

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PSD	ZUPAN, GARY		
1575 NORTHEAST 26TH STREET	1575 NORTHEAST 26TH STREET		
WILTON MANORS FL 33305-1323	WILTON MANORS FL 33305-1323		
VD	ZUPAN, BERNADETTE		
1575 NORTHEAST 26TH STREET	1575 NORTHEAST 26TH STREET		
WILTON MANORS FL 33305-1323	WILTON MANORS FL 33305-1323		

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

Date **April 30-00** Daytime Phone # **754 390-0785**

CR2E034 (9/99)