

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P98000098101

1. Entity Name

Secret Style, Inc.

FILED

00 DEC -5 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
823 Twin Lake Drive
Coral Springs, FL 33071

Mailing Address
823 Twin Lake Drive
Coral Springs, FL 33071

2. Principal Place of Business
4801 NW 58 Manor
Suite, Apt. #, etc.

3. Mailing Address
4801 NW 58 Manor
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Coconut Creek, FL

City & State
Coconut Creek, FL

4. FEI Number
65-087004

Applied For
Not Applicable

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

Zip
33073

Country
Broward

Zip
33073

Country
Broward

6. Name and Address of Current Registered Agent
Siamak Rahmani
823 Twin Lake Drive
Coral Springs, FL 33071

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4801 NW 58 Manor
City
Coconut Creek
FL
Zip Code
33073

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 re-stating)

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D. Pres Siamak Rahmani 823 Twin Lake Drive Coral Springs, FL 33071			4801 NW 58 Manor Coconut Creek, FL 33073		
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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

President

11/21/0

954-341-9591

Date

Daytime Phone #

CR2E034 (9/99)

P98000098101

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Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DATE: November 21, 2000

RE: Secret Style, Inc.

Dear Sirs:

I am mailing my 2000 Uniform Business Report. In April of 2000 our business moved. I was not aware of this report. When I went to open a new store location I was told that my corporation had been administratively dissolved. When I contacted my accountant she told me of the filing requirement.

I am sending my report with the \$150.00 payment required. Please allow this filing and reinstate my corporation. I was not aware of this filing requirement. I am now fully aware of this requirement and will make sure that my report is filed timely. Any assistance that you can provide would be appreciated.

Sincerely,



Siamak Rahmani