

DOCUMENT # P99000016634

1. Entity Name

THE STRAND SALON, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

01-18-2000 90163 029 ***158.75

Principal Place of Business Mailing Address
 199 WESTWARD DRIVE 199 WESTWARD DRIVE
 MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166-5257

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0904335

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, RUTH MARINA
 199 WESTWARD DRIVE
 MIAMI SPRINGS FL 33166

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, 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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GONZALEZ, RUTH MARINA
 CITY-ST-ZIP 4141 WEST 18TH COURT
 HIALEAH FL 33012

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GONZALEZ, RUBEN DANIEL
 CITY-ST-ZIP 4141 WEST 18TH COURT
 HIALEAH FL 33012

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

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

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

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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:

Ruth Marina Gonzalez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Ruth Marina Gonzalez

January 10/00

305-884-0334

Date

Daytime Phone #

CR2E034 (9/99)