

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA0000033210**

1. Entity Name

**HAIR STUDIO 2000 INC**

Principal Place of Business

**1634 SE 47th ST  
CAPE CORAL, FL.  
33904**

Mailing Address

**PO Box 100704  
CAPE CORAL, FL. 33910**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**CAPE CORAL, FL.**

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

**33910**

**USA**

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

**5/11/00 900021004 \$150.00**  
DO NOT WRITE IN THIS SPACE

**FILED**

**00 JUN -7 PM 4:24**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAM I EDY ESQ  
201 NICHOLAS PKWY WEST  
CAPE CORAL, FL. 33991**

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

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>BETTY RIVERA</b>	
STREET ADDRESS	<b>PO BOX 100704</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33910</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**6/3/00 941-549-8347**

Date

Daytime Phone #

CR2E034 (9/99)