

DOCUMENT # P99000033210

1. Entity Name

HAIR STUDIO 2000 INC

Principal Place of Business

Mailing Address

PO Box 100704

CAPE CORAL, FL 33910

FILED

01 JUL 25 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1634 SE 4TH ST

3. Mailing Address

PO Box 100704

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

4. FEI Number

65-1070058

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM T EDY ESQ
201 NICHOLAS PKWY WEST
CAPE CORAL, FL 33911

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 renaming)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)☐

FILE NOWHIN FEE IS \$150.00

After MAY 1, 2001 Fee will be \$350.00

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

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT
BETTY RIVERA
PO Box 100704
CAPE CORAL FL 33910☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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

Date

Daytime Phone #

6/21/01 549-5446

CR2E034 (11/00)

202

Hair Studio 2000 Inc
PO Box 100704
Cape Coral, FL 33910

Florida Dept. of Revenue
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

July, 16, 2001

Subject: Annual Report/ UBR
Reference # P99000033210

I have received a copy of the enclosed notice from your department requesting a late fee of \$400.00. In March my business was broken into and all my files plus money and equipment were stolen. I have a police report to verify this information along with my insurance report. So when it was time to file my Annual report I did not have one, I phoned your office and requested a new form, I waited approximately one week and when I did not receive the report I phoned again and again was told I would be sent one, in all I had to phone 3 times before a report was finally sent to me, and then I sent it back with the \$150.00 fee. I feel that the late filing was not intentional and I would like for you to wave the late fee, your understanding and consiration of this is greatly apprecaited , and I am waiting for your response.

Sincerely, [Signature]

[Signature]

Betty Rivera