

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046849

1. Entity Name

BEAUTIFULHAIR, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90035 013 ***558.75

Principal Place of Business

701 BRICKELL AVE., STE. 3000
MIAMI FL 33131

Mailing Address

701 BRICKELL AVE., STE. 3000
MIAMI FL 33131-2847

2. Principal Place of Business

2323 Le Jeune Rd.

3. Mailing Address

2323 Le Jeune Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

Coral Gables FL

4. FEI Number

65-0926205

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBSON, SONIA
11111 BISCAYNE BOULEVARD #1458
MIAMI FL 33181

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)

X

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

□ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P/D
Sonia Jacobson
11111 Biscayne Blvd., #1458
Miami, FL 33181

□ Change

X Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S/D
Javier Fonseca
11111 Biscayne Blvd., #1458
Miami, FL 33181

□ Change

X Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ Change

□ Addition

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□ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

□ Change

□ Addition

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: Javier Fonseca, S/D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/00

Date

305-444-4797

Daytime Phone #

CR2E034 (9/99)