

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048239

1. Entity Name

PERSONAL HAIR REPLACEMENT CORP.

FILED
May 17, 2000 8:00 am
Secretary of State

03-07-2000 90071 047 ***150.00

Principal Place of Business Mailing Address
3890 W. COMMERCIAL BLVD., STE. 214 3890 W. COMMERCIAL BLVD., STE. 214
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309-3319

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0934147

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

GONZALEZ, JONATHAN
3890 W. COMMERCIAL BLVD., STE. 214
FT. LAUDERDALE FL 33309

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	LINDA ACCETTA	3101 PONT WYCKE BLVD	FT. LAUDERDALE, FL 33308				
	JONATHAN GONZALEZ	3101 PONT WYCKE BLVD	FT. LAUDERDALE, FL 33308				

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 26, 2000 954-7577
Date Daytime Phone #

CR2E034 (9/99)