

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048265

1. Entity Name

MVP HAIR SALON II, INC.

**FILED**  
May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90009 002 \*\*\*150.00

Principal Place of Business

Mailing Address

951 BROKEN SOUND PKWY N.W. STE. 135  
BOCA RATON FL 33487

951 BROKEN SOUND PKWY N.W. STE. 135  
BOCA RATON FL 33487-3505

2. Principal Place of Business

3. Mailing Address

1268 GONDOLA CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
BOYNTON BEACH FL

City & State

4. FEI Number

08-0923981

Applied For

Not Applicable

Zip

Country

Zip

Country

33426

US

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

FISCHER, BRIAN

951 BROKEN SOUND PKWY N.W. STE. 135  
BOCA RATON FL 33487

Name

BRIAN FISCHER

Street Address (P.O. Box Number is Not Acceptable)

1268 GONDOLA CT

City

BOYNTON BEACH

FL

Zip Code

33426

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

*Brian Fischer* BRIAN FISCHER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/00

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 P ☐ Delete  
NAME FISCHER, BRIAN S  
STREET ADDRESS 951 BROKEN SOUND PKWY N.W. STE. 135  
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE V ☐ Delete  
NAME WELHAF, MATTHEW E  
STREET ADDRESS 951 BROKEN SOUND PKWY N.W. STE. 135  
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE S ☐ Delete  
NAME YOUNGSWICK, RANDY  
STREET ADDRESS 951 BROKEN SOUND PKWY N.W. STE. 135  
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE T ☒ Delete  
NAME SCHULMAN, KENNETH  
STREET ADDRESS 951 BROKEN SOUND PKWY N.W. STE. 135  
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Brian Fischer* BRIAN FISCHER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/00 561-719-7374

CR2E034 (9/99)