

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049192

1. Entity Name

PERMANENT HAIR REMOVAL INSTITUTE, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90003 016 ***158.75

Principal Place of Business

8390 WEST FLAGLER STREET
SUITE 109
MIAMI FL 33144-2039

Mailing Address

8390 WEST FLAGLER STREET
SUITE 109
MIAMI FL 33144-2039

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

65-0925011

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

SIRGADO, AMERICA
8390 WEST FLAGLER STREET
SUITE 109
MIAMI FL 33144-2039

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 PD
NAME SIRGADO, AMERICA
STREET ADDRESS 8460 S.W. 2ND ST
CITY-ST-ZIP MIAMI FL 33144



TITLE STD
NAME SIRGADO, NICOLAS
STREET ADDRESS 8460 S.W. 2ND ST
CITY-ST-ZIP MIAMI FL 33144



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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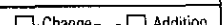
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CITY-ST-ZIP



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:

AMERICA SIRGADO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMERICA SIRGADO
PRESIDENT/DIRECTOR

Date

4/1/00 (305) 554-8853

Daytime Phone #

CR2E034 (9/99)