

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053749

1. Entity Name

C & M HAIR SALON INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90019 006 ***550.00

Principal Place of Business

18395 NW 27TH AVE.
 MIAMI FL 33056

Mailing Address

18395 NW 27TH AVE.
 MIAMI FL 33056

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1014077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAURENCEAU, MONIQUE
 1026 N.E. 133RD ST.
 N. MIAMI FL 33161

Name

LAURENCEAU, Monique

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

734 S.W. 189TH AVE

City

Pembroke Pines FL

Zip Code

33029

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
 NAME LAURENCEAU, MONIQUE
 STREET ADDRESS 1026 N.E. 133RD ST.
 CITY-ST-ZIP N. MIAMI FL 33161

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

TITLE VD ☐ Delete
 NAME LAURENCEAU, REGINALD
 STREET ADDRESS 1026 N.E. 133RD ST.
 CITY-ST-ZIP N. MIAMI FL 33161

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Monique Laurenceau
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/00 (305) 624-0945
 Date Daytime Phone #

CR2E034 (5/00)