2000 UNIFORM BUSINESS REPORT (UBR)

7

FILED
Aug 03, 2000 8:00 am
Secretary of State
07-12-2000 90146 026 ***150.00

DOCUMENT # P99000057072

1. Entity Name
PALM BEACH ART AND HAIR INC

Principal Place of Business	Mailing Address
120 S. DIXIE HWY. SUITE #102 W. PALM BEACH FL 33401	120 S. DIXIE HWY. SUITE #102 W. PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
120 S. DIXIE Hwy	120 S DIXIE Hwy
Suite, Apt. #, etc. Suite 102	Suite, Apt. #, etc. 102
City & State WPB FL	City & State WPB FL
Zip 33401 Country USA	Zip 33401 Country USA

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANGONE, ALFRED
8913 LAKES BLVD.
W. PALM BEACH FL 33412

7. Name and Address of New Registered Agent

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 $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PRES ALFRED P MANGONE 8913 LAKES BLVD WPB FL 33412~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES ALFRED P. MANGONE 8913 LAKES BLVD WPB FL 33412 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/00)

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: ALFRED MANGONE 7/6/2000 561-659-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P990000057072

[redacted]

July 6 2000. 107032

To whom it may concern,

I never recieved the original cooperation Renewal form.

The office building that my cooperation is in, has been having continuous problems with the Postal Service. We have made several complaints about this problem. I am sorry if there were any inconvienences.

Thanks for your help!

Alfred Mangone