

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90046 026 ***150.00

DOCUMENT # P99000060262

1. Entity Name
HENNA'S ELEGANCE, INC.

Principal Place of Business Mailing Address
4125 CLEVELAND AVENUE, UNIT #K102 P.O. BOX 1619
FT. MYERS FL 33901 SUGAR LAND TX 77487-1619



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0936768**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ARNOLD, MATHENY & EAGAN, P.A.
801 N. MAGNOLIA AVENUE, SUITE 201
ORLANDO FL 32803

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 _____ (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, 2001 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 ☐ Delete
NAME **D VIRANI, KARIM**
STREET ADDRESS **1722 BERKOFF DRIVE**
CITY-ST-ZIP **SUGARLAND TX 77479**

TITLE ☒ Change ☐ Addition
NAME **D VIRANI, KARIM**
STREET ADDRESS **7219 TESSA LAKES CT.**
CITY-ST-ZIP **SUGAR LAND, TX 77479**

TITLE ☐ Delete
NAME **D VIRANI, AMY**
STREET ADDRESS **13010 FALCON RIDGE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE ☒ Change ☐ Addition
NAME **D VIRANI, AMY**
STREET ADDRESS **4012 MAGUIRE BLVD, APT # 4214**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Karim Virani / KARIM VIRANI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-26-01
Date

281-565-0076
Daytime Phone #

CR2E034 (10/00)