

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063927

1. Entity Name

BOULEVARD HAIR SHOPPE, INC.

Principal Place of Business

893 PRIMA VISTA BLVD.  
PORT ST. LUCIE FL 34986

Mailing Address

893 PRIMA VISTA BLVD.  
PORT ST. LUCIE FL 34952-2342

2. Principal Place of Business

891 PRIMA VISTA BLVD

Suite, Apt. #, etc.

3. Mailing Address

891 PRIMA VISTA BLVD

Suite, Apt. #, etc.

City & State

PT ST LUCIE, FL

City & State

PORT ST. LUCIE FL

Zip

34952

Country

ST LUCIE

Zip

34952

Country

ST LUCIE

4. FEI Number

65-0942472

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAILLO, JOSEPH  
893 PRIMA VISTA BLVD.  
PORT ST. LUCIE FL 34986

7. Name and Address of New Registered Agent

Name ROCCO V MAIOLLO

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

1202 Apt A SUN TERRACE CIR

City

PT ST LUCIE

FL

Zip Code

34986

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]*

ROCCO V MAIOLLO

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

TITLE	D	MAIOLLO, JOSEPH	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		1251-A SUN TERRACE CIRCLE	
CITY-ST-ZIP		PORT ST. LUCIE FL 34986	
TITLE	D	MAIOLLO, RALPH	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		1251-A SUN TERRACE CIRCLE	
CITY-ST-ZIP		PORT ST. LUCIE FL 34986	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROCCO V. MAIOLLO	
STREET ADDRESS	1202 A SUN TERRACE CIRCLE	
CITY-ST-ZIP	PORT ST LUCIE FL 34986	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]* ROCCO V MAIOLLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-00

Date

561-8791290

Daytime Phone #

FILED  
Apr 17, 2000 8:00 am  
Secretary of State

04-17-2000 90046 037 \*\*\*158.75

00062864



DO NOT WRITE IN THIS SPACE