

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072572

1. Entity Name

STYLING UNLIMITED, INC.

FILED

Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90009 018 ***150.00

Principal Place of Business

3411 INDIAN CREEK DR., APT. 1402
MIAMI BEACH FL 33140

Mailing Address

3411 INDIAN CREEK DR., APT. 1402
MIAMI BEACH FL 33140-4064

2. Principal Place of Business

3411 INDIAN CREEK DR.

3. Mailing Address

KAISERPLATZ 11

Suite, Apt. #, etc.

1402

Suite, Apt. #, etc.

City & State

MIAMI BEACH

City & State

MUNICH

Zip

33140

Country

FLORIDA

Zip

80803

Country

GERMANY

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

7. Name and Address of New Registered Agent

SCHWARZKOPF, HENNING

4152 BATTERSEA RD.

MIAMI FL 33133

Name

CATHRIN ERIKSEN

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

3411 INDIAN CREEK DR

SUITE 1402

City

MIAMI BEACH

FL

Zip Code

33140

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 ☐ Delete
NAME D
STREET ADDRESS ERIKSEN, CATHRIN
CITY-ST-ZIP 3411 INDIAN CREEK DR., APT. 1402
MIAMI BEACH FL 33140

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CATHRIN ERIKSEN 305-5343388

CR2E034 (9/99)