

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P99000074198

Rhema Haircare Services, Inc.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90188 008 ***150.00

Principal Place of Business

Mailing Address

P.O. Box 97

P.O. Box 97

Fr. Lauderdale, FL 33302

Fr. Lauderdale, FL 33302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0943414

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

Wendy Bloomfield
4300 N.W. 19th Street
Lauderhill, Florida 33313

7. Name and Address of New Registered Agent

Name: Wendy Bloomfield
Street Address (P.O. Box Number is Not Acceptable): 6940 S.W. 36th Street
City: Miramar FL Zip Code: 33023

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: Wendy Bloomfield

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	1	<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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Simon Bloomfield	
STREET ADDRESS	6940 S.W. 36th Street	
CITY-ST-ZIP	Miramar, Florida 33023	
TITLE	VP/director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wendy Bloomfield	
STREET ADDRESS	6940 S.W. 36th Street	
CITY-ST-ZIP	Miramar, Florida 33023	
TITLE	Board Advisor/Ex-Officio	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CL. Fred N. Rodriguez, CPA	
STREET ADDRESS	3146 N.W. 68 Street Ste. No. 1	
CITY-ST-ZIP	Fr. Lauderdale, Florida 33309-1206	
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		

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

4/30/00 (954) 583-8116

Date

Daytime Phone #

CR2E034 (9/99)