

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075352

1. Entity Name

A DIFFERENT LOOK, INC.

Principal Place of Business

1834 SE 7TH STREET
POMPANO BEACH FL 33060

Mailing Address

1834 SE 7TH STREET
POMPANO BEACH FL 33060-7614

2. Principal Place of Business

2236 N Cypress Bend Dr.

Suite, Apt. #, etc.

Apt. #202

City & State

POMPANO BEACH FLA

Zip

33069

Country

BROWARD

3. Mailing Address

P.O. Box 10074

Suite, Apt. #, etc.

City & State

POMPANO BEACH FLA

Zip

33061

Country

BROWARD

6. Name and Address of Current Registered Agent

STONE, ANA T
1834 SE 7TH STREET
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name
ANA TERESA STONE
Street Address (P.O. Box Number is Not Acceptable)
2236 N Cypress Bend Dr.
Apt. #202
City
POMPANO BEACH FL Zip Code
33061

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

Ana Teresa Stone, Ana Teresa Stone, Registered Agent
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

DATE

4/25/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
STONE, ANA T
1834 SE 7TH STREET
POMPANO BEACH FL 33060

☐ Delete

TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
STONE, ANA TERESA
2236 N Cypress Bend Dr.
Apt. #202, POMPANO BEACH FLA. 33069

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Ana Teresa Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 (954) 782-1169
Date Daytime Phone #

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90083 029 ***150.00



DO NOT WRITE IN THIS SPACE