

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000080777**

1. Entity Name

INTERNATIONAL HAIR Studio, Inc.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90064 012 ***150.00

2. Principal Place of Business

1801 N.E. 45th STREET
FT. LAUDERDALE, FL. 33308

3. Mailing Address

4. Principal Place of Business

5. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0949613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Ruth H. Anderson
255 S. Cypress Road Apt 328
Pompano Beach, FL. 33360

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

OFFICERS AND DIRECTORS

☐ Delete

NAME ADDRESS
ST ZIP

D Ruth H. Anderson
255 S. Cypress Road Apt 328
Pompano Beach, FL. 33360

☐ Delete

NAME ADDRESS
ST ZIP

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NAME ADDRESS
ST ZIP

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NAME ADDRESS
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NAME ADDRESS
ST ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

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☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ 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)(b) 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

Ruth H. Anderson
DIRECTOR

4/29/00
Date

(954) 771-8920
Daytime Phone #

CR2E034 (9/99)