

# 2000 UNIFORM BUSINESS REPORT (UBR)

3

DOCUMENT # P99000083980

1. Entity Name

M.B. HAIRCUTTING, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90037 044 \*\*\*150.00

Principal Place of Business

Mailing Address

271 TULIPTREE DRIVE  
LANTANA FL 33462

271 TULIPTREE DRIVE  
LANTANA FL 33462-5186

2. Principal Place of Business

3. Mailing Address

1493 S. Dixie Highway

271 Tuliptree Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lantana

Lantana

City & State

City & State

FL

FL

Zip

Country

Zip

Country

33462

33462



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

65-0947104

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

MCDONOUGH, MICHAEL D  
12798 FOREST HILL BLVD STE 201A  
WELLINGTON FL 33414

Name

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

City

FL

Zip Code

B. 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

*Marc Basil*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MARC BASIL	
STREET ADDRESS	271 Tulip Tree Dr	
CITY-ST-ZIP	Lantana FL 33462	
TITLE	Vice PRESIDENT	<input type="checkbox"/> Delete
NAME	Camille Basil	
STREET ADDRESS	271 Tulip Tree Dr	
CITY-ST-ZIP	Lantana FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

*MARC C. BASIL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-567-5577

CR2E034 (9/99)