

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90031 036 ***150.00

DOCUMENT # P99000092456

1. Entity Name

WRIGHT TOUCH BEAUTY SALON, CORPORATION

Principal Place of Business

Mailing Address

**4432 INVERRARY BLVD.
 LAUDERHILL FL 33319**

**4432 INVERRARY BLVD.
 LAUDERHILL FL 33319**

A0072065

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

65-0849250

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

**WRIGHT, KARLENE
 11192 NW 1ST PLACE
 CORAL SPRINGS FL 33071**

Name

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

City

FL

Zip Code

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, 2001 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
 STREET ADDRESS
 CITY-ST-ZIP
**PCEO
 WRIGHT, KARLENE
 11192 NW 1ST PLACE
 CORAL SPRINGS FL 33071**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 WRIGHT, RYAN
 11192 NW 1ST PLACE
 CORAL SPRINGS FL 33071**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, 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 #

CR2E034 (10/00)

Attachment
[REDACTED]
D# P99000092456
A0072005

May 24, 2001

Ms. Wanda Cunningham
Secretary of State Corporate Division
409 East Gaines Street
Tallahassee, FL 32399

Dear Ms. Cunningham:

It was a pleasure speaking with you again. Enclosed is our 2001 corporation application. As discussed filing deadline was May 1st. We would appreciate your help tremendously in the processing of this document without the penalty of a late fee.

If you have any questions I can be reached at work (954) 385-7947 or cellular phone (954) 260-3567.

Thanks again!

Sincerely,

Karlene Wright

PS. I found it! The first time we spoke was in 1999.