

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90043 021 ***150.00

DOCUMENT # P99000092456

1. Entity Name

WRIGHT TOUCH BEAUTY SALON, CORPORATION

Principal Place of Business

**4432 INVERRARY BLVD.
 LAUDERHILL FL 33319**

Mailing Address

**4432 INVERRARY BLVD.
 LAUDERHILL FL 33319**

2. Principal Place of Business

4432 INVERRARY BLVD
 Suite, Apt., #, etc.

3. Mailing Address

4432 INVERRARY BLVD
 Suite, Apt., #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAUDERHILL, FL

City & State

LAUDERHILL, FL

4. FEI Number

65-0849250

Applied For

Not Applicable

Zip

33319

Country

U.S.A.

Zip

33319

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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 **PCEO** ☐ Delete
 NAME **WRIGHT, KARLENE**
 STREET ADDRESS **11192 NW 1ST PLACE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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)(f), 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

4/23/02 954-572-3121
 Date Daytime Phone #

CR2E034 (9/01)