

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90167 025 ***150.00

DOCUMENT # P99000092941

1. Entity Name

SALON 2000 PLUS, INC.

Principal Place of Business

3471 N UNIVERSITY DR
CORAL SPRINGS FL 33065

Mailing Address

3471 N UNIVERSITY DR
CORAL SPRINGS FL 33065

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0959291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NGUYEN, TUDI
830 SW 50 AVE
MARGATE FL 33068

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, 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

TITLE D ☐ Delete
NAME NGUYEN, TUDI
STREET ADDRESS 830 SW 50 AVE
CITY-ST-ZIP MARGATE FL 33068

TITLE D ☐ Delete
NAME NGUYEN, LINDA
STREET ADDRESS 830 SW 50 AVE
CITY-ST-ZIP MARGATE FL 33068

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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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

LAM H. DOCUMENT# PP 9000092941
CERTIFIED PUBLIC ACCOUNTANT

533963

1034 NW 129 AVENUE
MIAMI, FLORIDA 33182
TELEPHONE (305) 485-0932
TELEFAX (305) 551-5830

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

TO: SALON 2000 PLUS INC.

DATE: 4/9/01

CLIENT'S COPY

RE: INSTRUCTIONS FOR FILING ATTACHED TAX RETURN

RETURN ENCLOSED:

2001 UNIFORM BUSINESS REPORT

TO BE SIGNED BY:

AN OFFICER

AMOUNT OF TAX
OR REFUND:

\$ 150.00

DUE DATE : 5/1/01

DRAW CHECK TO:

DEPARTMENT OF STATE

MAIL TAX RETURN
AND CHECK, IF
APPLICABLE TO:

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P O BOX 1500
TALLAHASSEE FL 32302-1500

MISCTAX