

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092944

1. Entity Name

RG HAIR DESIGN, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90082 046 ***150.00

Principal Place of Business

Mailing Address

~~433 EAST CITRUS STREET~~
ALTAMONTE SPRINGS FL 32714

~~433 EAST CITRUS STREET~~
ALTAMONTE SPRINGS FL 32701-7830

2. Principal Place of Business

580 Cape Cod Lane

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 4

Suite, Apt. #, etc.

City & State

Altamonte Springs FL

City & State

4. FEI Number

59-3604675

Applied For

Not Applicable

Zip

32714

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIVINE, RUSSELL W
24 SOUTH ORANGE AVENUE
SUITE 203
ORLANDO FL 32801

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, 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

TITLE PSTD ☐ Delete
NAME COLON, RAMONA
STREET ADDRESS 433 EAST CITRUS STREET
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE-PRESIDENT ☐ Change ☒ Addition
NAME EDUARDO ROSAS
STREET ADDRESS 433 E. CITRUS ST.
CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32701

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 #

1/27/00 407-786-2555

CR2E034 (9/99)