

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

02-21-2000 90037 022 ***150.00

DOCUMENT # P99000102803

Entity Name
BEACHCOMBER HAIR SALON AND PERMANENT MAKE-UP, IN

Principal Place of Business N. OCEAN DR. ISLAND FL 33404	Mailing Address 1285 N. OCEAN DR. SINGER ISLAND FL 33404
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Principal Place of Business 1285 N. Ocean Dr. Singer Island, Fl.	3. Mailing Address Same as above
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City & State Kiviera Bch. Fl.	City & State	4. FEI Number 65-0989947	Applied For Not Applicable
Zip 33404	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STEWART, JAMES M ESQ 1211 THE PLAZA SINGER ISLAND FL 33404-4740	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Lydia D. Shepherd* DATE: 2-15-00
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: registered Agent signature required when reinstating).)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D SHEPHERD, LYDIA D 111 SHORE CT., APT. 313-C N. PALM BEACH FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ESPINOZA, STEVEN 111 SHORE CT., APT. 313-C N. PALM BEACH FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ESPINOZA, ANDREW 111 SHORE CT., APT. 313-C N. PALM BEACH FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ESPINOZA, HECTOR 111 SHORE CT., APT. 313-C N. PALM BEACH FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerment.

SIGNATURE: *Lydia D. Shepherd* *Lydia D. Shepherd* DATE: 2-15-00 (56) 863-1422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)