

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103566

1. Entity Name

MIRACLE HAIR SALON INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90061 041 ***150.00

Principal Place of Business

Mailing Address

6975 A1A SOUTH STE #3
ST AUGUSTINE FL 32086

6975 A1A SOUTH STE #3
ST AUGUSTINE FL 32086

2. Principal Place of Business

3. Mailing Address

Miracle Hair Salon Inc.

Miracle Hair Salon Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6975 A1A South Ste #3

140 Cowry Rd.

City & State

City & State

St. Augustine, Florida

St. Augustine, Florida

Zip

Country

Zip

Country

32086

St. Johns

32086

St. Johns

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEON, USA M
C/O LEON LAW OFFICE P.A.
4475 US 1 SOUTH STE 201
ST AUGUSTINE FL 32086

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

L. M. Leon

Lisa M. Leon

4/13/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Tommy D. Murphy	
STREET ADDRESS	140 Cowry Rd.	
CITY-ST-ZIP	St. Augustine, Fl. 32086	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Krystal J. Murphy	
STREET ADDRESS	140 Cowry Rd.	
CITY-ST-ZIP	St. Augustine, Fl. 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Tommy D. Murphy Tommy D. Murphy

4/13/00

904 797-1616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)